of spleen & perf. wd. MARYLAND STATE DEPARTMENT OF HEALTH left dome of diaphragm. 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 27 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Anne Arundel State KANSAS City or town Fort George G. Meade, Maryland
(If outside city or town limits, write KURAL and give nearest town) Junction City How long In above place of death? nine days (If outside city or town limits, write RURAL and give nearest town) Street No. 332 W First Street Hospital, Institution, or street address where death occurred: Station Hospital Fort George G. Meade, Md. (If rural, give LOCATION) 2.(a) If veleran, name war Regular Army Soldier (World War How long in hospital or institution? Six hours 3. (a) FULL NAME 3. (b) Social Security Number RICHARD J. ABNEY 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex MEDICAL CERTIFICATION Male Whi te Married 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife...... Margaret. Abney. 6 January 6.(c) If alive, give ag 21 and that I last saw h imalive on 7. Birth date of May 28, 1918 deceased (mo., day, yr.) If less than one day Months 8. AGE: Culmenon hemorrhes & Julmanan Moder suinday to Invit Organia of Wounds, multiple, perforation 9. Birihplace Grundy County, Iowa (Town, county, and state) (cal. 45) Pt of entrance was posterior 10. Usual occupation Soldier, Regular Army Qual thorax 1 cm to the rt of the mid-11. Industry or business Regular Army (Sgt. RA6912352) line level of the minth dorsal vertebra Other conditions (rt auricle, and pericardium). 12. Name..... pt of exit right anterior chest 5 cm 13. Birthplace from mid (lethere of hettien amorthe fidents 5th dorsal cart
Major findings of operations Multiple perf. of /liage (Foster mother) Emma Brainard 15. Birthplace transverse colon, lac. * (top) of op. 7 Jan. 1947 Service Antopsy results Confirmed as above 16. Informant U. S. Army/& Medical Records PHYSICIAN: Please underline the cause to which death should be charged atatistically. PLAINLY is especial Address Fort George G. Meade. Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: Dals of 6 Jan. 1947 Accident, suicide, or homicide Homicide... (month) (day) (year) Where did injury occur? Fort George G. Meade Anne Arundel County (County) Maryland ... WRITE Injured at home, farm, Industry, public place (where?) Main bus station on Manns of Injury Ballet wounds Injured at work? No JAMES G. JACKSON Capt MDCrother January Address Sta. Hosp. Ft.G. G. Meade Date signed 8 Jan (Date rec'd by registrar) BERNARD F. KERWIN

DANIS 1947 BUREAU VB WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Anne Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Exer newborn infants give residence of mother anne Arundel Co. State County C. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number 578-14-3213
4. Sex Female S. Color or race Colored Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21.823
6,(b) Name of husband or wife A. Baden 6,(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 40 1 20 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 21. I CERTIFY that death occurred on the date above stated in the date above stated from the date
Annapolis Maryland 9. Birthplace (Town, county, and state) General House work 10. Usual occupation None 11. Industry or business None Clam Orsey 12. Name Prince George Co. Md.	Due to
Elizabeth Oewense 14. Malden name Elizabeth Oewense 15. Birthplace Prince George Co. Maryland Alfred Baden 18. Informant Elizabeth Oewense	(Include pregnancy within 8 months of death) Major findings of operations
Burial Date thereof Location Date thereof Date thereof	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Address 43-45 Northwest Street 19. Jan, 20 19 47	23. SIGNATURE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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eer.	Diat.	No.		

0 0		0=11.11.011.	Reg. Dist. No.	
1. PLACE OF DEATH:	arylandis, write R yrs. 7 death occurred ospita	d URAL and give nearest town) mos. 22 days 1. Crownsville, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Baltimore City County City or town	nearest town)
Frank Ball				
4. Sex 5. Color or race	6.(a) Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Negro	Si	ngle	20. DATE OF DEATH. January 30 19 4	7 at 9:45 Pm
6.(b) Name of husband or wife	6.(0		21. I CERTIFY that death occurred on the date above stated: that I attended dune 8 19. 25	2019471947
56 ? ?	?	hrs, min.		us since
9. Birthplace	eounty, and a	tate)	Due to	
12. NameRobert Ball			Other conditions Dementia Fraecox (Include pregnancy within 3 months of death) Major findings of operations	Known to us since 6/8/25
일 15. Birthplace Virginia			Date of op	
Address Hospital, Cro	wnsvil	le, Maryland eof Feb. 2, 1947 (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged as the control of th	
Cemetery or crematory Old St.			Where did injury occur? (City or town) (County)	(State)
Location Kilmarcek, Viz	ginia		Injured at home, farm, indusfry, public place (where?)	
18. Funeral director Joseph L. Russ		Means of Injury Injured at work?	0	
Address 1200 McCulloh St. Baltimore, Maryland		23. SIGNATURE STATE STATE STATE OF THE STATE	lode.	
19 Date rec'd by registrar)	E	t. Joyce Local Registrar	Address Crownsville State Hospital ate sign	D. or other ed 1/31/47

MARGIN RESERVED FOR BINDING

9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. And legible is especially important. Physicians: please write the causes of death clearly and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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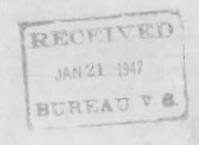
CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother) State County County
Gilla Vasil	
Female White Gasingle, maryed, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Guly 446 /872	and that Flast saw h
8. AGE: Years Months Days If less than one day 12	Carebral Chofleny 10 day
9. Birthplace	Due to Atino Aclino duanty
10. Usual occupation	Due to Robertal Agfatherasie Proval
12. Hame Joseph S. My Barel	Differ conditions I fame of the second of th
E 14.4Widen nam Mary and and Mitchell	(Include pregnancy within 3 months of death) Major findings of operations
ant Mas Hugh R. Wiley	Antopsy results
Address / Franklan A. Grand J. J. 2/947 17. Grand (Rurial, cremation, or remova). Which?) Bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory At Charles	Where did Injury Occur?
18. Funeral director John May East Son	Meens of Injury Lajured at work?
Address Olmapolin 24d.	23. SIGNATURE & Olever 1 wrees TH N
19. Jan. 20 19 47. (Date rec'd by registrar) Registrar	Address French Dale signed / 19/47

Registrar Address Free apples My

ADLANT LAR. Supply every item of intermation to enuity. The sphysicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY is especial.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	state Maryland County A.A.
City or town	
How long in above place of death? 28 Years	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. 22 Madison
22 Madison. Street	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John T. Basil	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	/) MEDICAL CERTIFICATION
	140
M W Married	2D. DATE OF DEATH. 1016 6 19.47, 21.5 9. W
6.(b) Name of husband or wife Celinda Basil	21. I CERTIFY that death occurred on the date above stated; that I Attended deceased from
6.(0) Name of hussand of wife	1843 to Jan 6 194/
7. Birth data of Anaca 3T T877	and that I last aaw h. in alive on Jon 60 19 47
deceased (mo., day, yr.) Aug 3I 1877	Immediais cause of death DURATION
8. AGE: Yeara Months Days If less than one day	acute Suletotain 1 Heart. Sudh
1,9 6hrsmin.	
Amanalda	Mun -1- Di Ch Seed
9. Birthplace Annapolis (Town, county, end stote)	Due to the and lost hands
10. Usual occupation Stock Clerk	
10. Usual occupation.	Due to
11. Industry or business	Jene Server
單 12. Name	Dither conditions Muller Fetting.
₹ 13. Birthplace Annapolis,	(Include pregnancy within 3 months of death)
14. Maiden name Anna Deale	
14. Maiden name	Major findings of operations
15. Birthplace Annapolis	
16 Informant Mrs Celinda Basil	Autopsy results
Address 22 Madison Street. Annapolis,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Jan 8 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Cedar Bluff	Whera did Injury occur?
Location Annapols, Maryland,	Injured at home, farm, Industry, public place (where?)
18. Funeral director B.L. Hopping & Son	Means of Injury Injured at work?
Address Annapolis, Maryland	Lange C Board
-WAAY1	23. SIGNATURE M. D. or other
19. Jan. 19. 47 A Printle	Address Chumports had Date signed 1-6. 4]

JAN 8 1947

N

MADVIAND STATE DEPARTMENT OF HEALTH

	es St., Baltimore // / 2 TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantergive residence of muther) State County County City or town (If outside city or town limits, write RURAL as give acarest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sey 5. Color or race 6.(a) sinkle, married, widowed, or divorced founds or wife.	2B. DATE DF DEATH. 2B. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day	Immediair cause of death Duration Personal Duration D
9. Birthplace (Town county, and state) 10. Usual occupation	Due to
14. Maiden name Mary Colburn 15. Birthplace W Onshapolis Q.Q. G 27d. 16. Informant albert Bepube	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address West Consumpting Q Q G Mill 17. (Burial, cremation, or removal, Which?) Cemetery or crematory (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
16. Funeral director Address Page 17 Address Page 17 Address Page 17 Address Page 18 Address P	thijured at home, farm, Industry, public place (where?) Means of Injury 1 Injured at work? 23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg, Dist. No. 28

1. PLACE OF DEATH: Anur Arandel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For flewborn infants give residence of mother)
County	Man land Hull Hounds
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Deeds Trace
troupling, manuality of throot manual and a second	Street No.
	World Was II
How long In hospital or Institution?	2.(a) if veterah, name war.
3. (a) FULL NAME Charles Binks	3. (b) Social Security Number
Charles Dunkl	577-38-1749
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While married	Harry 47
0 11 00	20. DATE OF DEATH
6.(b) Name of husband or wife Varginia & Bunkley	21. I CERTIFY that death occurred on the date above states the College decomed from
	Postmarten examination
7. Birth date of	Jacry 4 18 47
deceased (mo., day, yr.) Teloy. 1, 1912	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
34 11 3	
J7 / J hrs. min.	JUNES WOULD BE
9. Birthplace 2008 Allon Courte Ohio	Due to. Mend
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business Aunapoles Daces	500 (01
	•
12. Name Hof Keeper	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name 6 va / Lustley	
E 15. Birthplace not Kussen	Major findings of operations
21 15. Birthplace	Date of op
16. Informant Open 9 Buth Certificate	Antopsy results
Address & Bath, Allen County. Olud	PHYStCIAN: Please underline the cause to which death should be charged statistically.
2 - 1/ 2 (2 112	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof Ponth (day) (year)	Accident, suicide, or homicide. Relectate Date of 44/4
(Burial, cremation, or removal, wined)	where did Injury occur? Herald Harbor, A. A. Macylans
Cemetery or crematory	(City or town) (County) (State)
location annapoles. Maryland	Injured at home, farm, Industry, public place (where?) artures
O la made V	Means of Injury 25 (2) bullet Injured at work? 20
18. Funeral director	1 Of m. Co is pepuly
Address almapoles Maryland	XOW XX (SOFT III) medical
T. 111 87 - 17 P.	23. SIGNATURE
(Date rec'd by register) (Date rec'd by register)	Address Husapoly Md. Date signed 1/4/47

JAN IL 1947 BUTTEAT 5

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CERTIFICATE OF DEATH

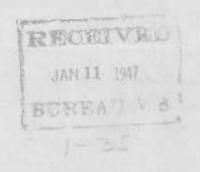
Reg. Dist. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death accurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Alverta, B	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Humale Colored Willow	MEDICAL CERTIFICATION 20. DATE OF DEATH
5.(b) Name of husband or the Believered Boston	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
	$\frac{1/2 - 22}{19} = \frac{19}{4} = \frac{1}{10} = $
7. Birth date of deceased (mo., day, yr.) Aug. 29 1882	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	1) Success
9. Birtholace West River A. A. Cu	of a frage
10. Usual occupation.	·) Course may are
11. Industry or businese	Due to
12. Name Strehelace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mangatt Trans. 15. Birthplace	Major findings of operations.
(May Ita Butles.	Aotopsy results
Address P. O. mayo: mol	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Basical Date thereof June 12 194.	22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide
(Burial, cremation, or remoyal, Which?) (month) (day) (year)	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)
Location By Arthurson	Means of Injury Injured at work?
Address	Land Tank
" Tan. 10 " 47	23. SIGNATURE. M. D. or other
19. Who recidely registrer	ir bidoess cease sury and Date signed 1-10-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

VS A15 9



CEDTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Minnie M	Bowling 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	2D. DATE DF DEATH
6.(c) Name of husband or wife 6.(c) If alive, give age year 7. Birih date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw hat alive on 1947. Immediate cause of death. Acuts Occlema of the Length 12 Acuts
9. Birihplace (Town, county, and state) 10. Usual occupation.	Due to. Due to. Due to.
11. Industry or business ### 12. Name	Differ conditions
14. Maiden name 11. The state of the state o	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Bale thereof (month) (day) (year) Cemetery or crematory.	22. VIOLENCE: It death-was due to external causes, fill in the following: Accident, suicide, or homicide
Location BABINA 18. Funeral director Physics of the Control of the	Injured at home, farm, industry, public place (where?)
19. 19. 47 A W. Hedree Registrar)	23. SIGNATURE Survey S. Belley la MD M. D. or other ar Address. Burnes Md Date signed Lan 31, 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

			201
Reg.	Dist.	No.	-01

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Lynn Legisland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown (If outside city or fown limits, write RURAL and give nearest town)	State Many and county Live Alreade
How long in above place of death?	City or town. (12 outside eity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No. Of Middle Motth That July:
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Morsey Wyulle Brady, Sx	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Manual	216/ 10 0350
C St. LL 12	20. DATE OF DEATH 21 19 7 19 1
8.(b) Name of husband or wife Lamace / gentell a frage	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 1999 6.(c) If elive pive age 37 years	Jan 15 1947 10 21 4 an 1941
7. Birth date of	and that last saw h. 12a alive on 21 ft 12 19 11 2
deceased (mo., day, yr.) April 21 1819	Immediate cause of death
8. AGE: Years Months Days If less than one day	
67 9nrsmin.	7/-
0 1 + A + A 1	J. Composition of the second
8. Birihpiace (Town, county, and atate)	Due to Due Colore Carayvasculor Und
	Resease
10. Usual occupation	Due fo
11. Industry or business of Agric.	Due 10
E 12. Name Samuel Jankson January	Other conditions
13. Birthplace Calveff Caunty	
14. Maiden name Martha Anne Chaney	(Include pregnancy within 3 months of death)
15. Birthplace Calvert County	Major findings •I operations.
1 de la	Date of op.
18. Informant Axathey VI Joyel J. 2009.	Autopsy results
Address Three Mile Dale RFD #1 annihore, M	PHYStCIAN: I tease underline the cause to which death should be charged statistically.
1) 100	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Quie thereof (mouth) (day) (year)	Accident, suicide, or homicide
14 4 106	
Cemetery or crematory	Where did injury occor?
Incation thank and all all was to 50	Injured at home, farm, Industry, public place (where?)
114 1/02000 4 000	Means of injury injured at work?
18. Funeral director / D	illusted at most
Address Change Colo & Civ. On an Sarria	1 + x5 / 5 1.
1/2/ 2 total	23. SIGNATURE 20 Pert ON Casses M ht
10 /22 104/ 11.1- Jay ton	Den 411 Of An M. D. or other
(Date ree'd by registrar) Registrar	Address Upper Mark bath Med Date signed & 1 / Can't

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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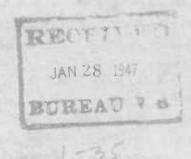
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

ng Dist No. 21

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town	City or 10wn (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where depth occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (6) FULL NAME Do Coursey Brossay	3. (b) Social Security Number
4, Sen 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
my by Sugle	20. DATE DE DEATH PRUMENT 2 4 19 47 21 8.30 G M
6.6 Name of husband or wife Sueffe Seese	21. I CERTIFY that death occurred on the date above stated; that Valended deceased from Adulate Soft 19 47.
7, Erth date of deceased (mo., day, yr.)	and that I last saw h can all to on August 19 17. Immediate cause of death DURATION
8/ AGE: Years Months Pays If ions in an one day min.	aluli disalaban , the
9. Birthplace IIIIIII (Town, coupty) and state)	Due to Seast Sungles
10. Usual occupation	Due to
E 12. Name Colyvery Ut Preusin	Other cooditions Sea Sello Mellilles 1/2.
13. Birthplace Calley of the Courses 15. Birthplace Calley was Courses	(Include pregnancy within 8 months of death) Major Endings of operations.
2 15. Birthplace Illen aume Churchy O	Date of op.
16. Interment manie and Brentan	Autopsy results.
1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Com a Darpma	22. VIOLENCE: If death was due to external causes, All In the following;
(Burial, cremation, or removal, Which?) Date thereot 27 154 1 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cathedral	Where did injury occur?
Location Balto md	injured at home, farm, industry, public place (where?)
18. Funeral director Henry of Jenhino some	Means of injury Injured at work?
Address Orchard Amongoloky	23. SIGNATURE ORDER OF THE CONTROL OF THE PROPERTY OF THE PROP
19. Jan. 25 19 47 Pulling. Registrar	Address Church lis Wed Date signed 1 75/4)



MARGIN RESERVED FOR BINDING

0 100 1 /20 /47	PARTMENT OF HEALTH es St., Baltimore CE OF DEATH Reg. Dist. No. 20
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Howard Bummer As	3. (b) Social Security Number 2/8-03-3/44
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced **The Color of race 6.(b) Single, married, widowed, or divorced **The Color of race 6.(c) Single, married, widowed, or divorced **The Color of race 6.(a) Single, married, widowed, or divorced **The Color of Race 1. All the C	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I PERUFY that death occurred on the date above stated; that attended deceased from 19. 47. 21. I PERUFY that death occurred on the date above stated; that attended deceased from 19. 47. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
Address 40 26 Penning Con Address 40 26 Penning Con Address 40 26 Penning Con Address	Autopsy results
Cometery or crematory	Where did injury occur?

Means of Injury

Address 203 Patapaca Civa

Idam Ma Idahi Taranan Registrar

Injured at work?

M. D. or other

. Date signed.....

VS A15

18. Funeral director

19. Puna 2. (Vate rec'd by registrar)

Land Contract Mark mer The Bankly , Park ma 12 11 year die 25 Henry Binninger 213-03 3144 E 1.5 43 5 15 The That " William - The shilly Environmen die 1 7 - 1872 RECEIVED JAN 3 1947 Salasse Spine Florend Belleman Ju Hore Perington Jun 4747 Worden Tud systeten stefulling 3414 Hanover Apl 25

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 2

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Anne Arundel City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. 22 Gotts Court	
Emergency Hospital How long in hospital or institution? 24 Hours	(If rural, give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security Number	
Nathaniel Brown	2.14-05-0676	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Single	20, DATE DE DEATH. 1-21-47 19 21 4 5	
6.(b) Name of hysband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18.4.7., to 19.4.7. and that I last saw h 1.44. alive on 1-21-4.7.	
8. AGE: Years Months Days If less than one day	Immediate cause of death Occusion 1 day	
45 7 7hrsmin.	A A A	
9. Birthplace Annapolis Maryland (Town, county, and state) 1D. Usual occupation Laborer	Due to.	
11. industry or business None		
James Brown 12. Name James Brown Annapolis Maryland	Other conditions	
14. Malden name Charlotte Murdock 15. Birthplace Annapolis, Maryland 16. Informant Lillian Murdock	(Include pregnancy within 3 months of death) Major fiedings of operations	
15. Birthplace Annapolis, Maryland	Date of op.	
Lillian Murdock	Autopsy results	
Address 148 W. 141 Street New York City	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burial Date thereof 1—36-47 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	
Cemetery or crematory Brewer Hill	Where did injury occur?	
West Street Extended	Injured at home, farm, industry, public place (where?)	
18. Funeral director Mrs. Charles E. Hicks	Means of Injury Injured at work?	
Address 43-45 Northwest Street	23. SIGNATURE TIMES OF Martin, M.D.	
19. Jan, 25, 1947 M- Jacobsha	Address 185 Prince George St. Bate signed 1-23-4	

JAN 29 1847

1-35

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF BYATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For acyborn infants give residence of mother) State Maryland County City or town (If outside giv or town light), write RURAL and give nearest town) Street No. (If rurat, give LOCATION) 2.(a) If reteran, name war.
3. (a) FULL NAME Paul Brunk	3. (b) Social Security Number
4. Sex Male 5. Color or race White 6.(a) Single. married, wildowed, or divorced married married	MEDICAL CERTIFICATION 400 30 20. DATE OF DEATH. 47,21 5 30
6.(b) Name of husband or wife Characteristics 6.(c) It alive, give age 5.3 year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Common country and state) 9. Birthplace Tusk suman 10. Usual occupation 11. Industry or business Heldings 12. Name Lecchings 12. Name Lecchings 13. Birthplace Permany 14. Maiden name Nulhalmeni Leoche 15. Birthplace Permany 16. Informant Mrs. Ama	Due to. Coronary Schools Mullian Differ conditions. Differ findings of operations. Date of op. Due to Date of op.
Address Gleu Road, Reviera Bach M. (Burial, cremation, or remayal, Which?) Cemetery or crematory Location 18. Funeral director Address 19	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and BINDING ARGIN RESERVED FOR

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VS A15

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(i)ate rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

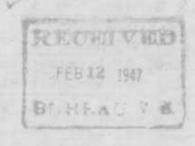
CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Anne Arundel State Maryland Baltimore County Annapolis, Meryland
(If outside city or town limits, write RURAL and give nearest town) Baltimore, Maryland How long in above place of death? 25 months (if outside city or town limits, write RURAL and give nearest town) Hospital, institution, or atreet address where death occurred: Street No. 1536 N. Bond Street U.S. Naval Hospital, Annapolis, Md. (If rural, give LOCATION) How long in hospital or institution? 22 months 2.(a) If veteran, name war World Wars 1 and 2. 3. (a) FULL NAME 3. (b) Social Security Number William Oland BYUS NONE 5. Color or race 1 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Mal e White Married January 31, 19 47 , 6:52 P M 20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above atated; that f attended deceased from 6.(b) Name of huaband or wife Lillian M. Byus 1946 in January 31 19 47 and that I last saw h. im alive on January 31, 18 47 T. Birth date of deceased (mo., day, yr.) July 7, 1894 Immediate cause of death Carcinoma, metastatic 8. AGE: Years Months if less than one day 52 24 Baltimore, Maryland
(Town, county, and state) U.S.Navv (Retired - Inactive) 11. Industry or business 12. Name. John O. Byus 13. Birthplace Maryland Other conditions Diabetes mellitus (Include pregnancy within 3 months of death) Ella Shorter Maryland 图 15. Birthplace Mrs. Lillian M. Byus Antopsy results: Severalized ab Lamural Caremonialane Armany. PHYSICIAN: Please underline the cause to which death should be charged statistically.

Let was not appear to external causes, till in the following:

Compatible with was due to external causes, till in the following:

Compatible with the effect of the first part o 1536 N. Bond Street Address Date thereof 2/4/47 Eurial (month) (day) (year) Cometery or crematory Baltimore National Cemeter Where did Injury occur? ... (City or town) (County) paltimore, Maryland Injured at home, farm, Industry, public place (where?) Injured at work? HENRY SANDER & SONS, INC. Means of Injury 18. Funeral director NORTH AVE. & BROADWAY N. L. BLINE, ITJG. MC. USNR.

Registrar Add U.S.N.H., Annapolis, Md. Date stened 1-31-47



. In the contract of the second

Reg. Dist. No. 21

1. PLACE OF DEATH:

How long in above place of death?

3. (a) FULL NAME

4. Sex

Lale

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

0

10. Usual occupation....

11. Industry or business

13. Birthplace

Burial

14. Malden nat 14. Malden name

Years

How long in hospital or Institution?.....

FOR

PLEASE

(Burial, cremation, or	removal, Which?)	Date thereof	(month)	(day) (yeur)
Cemetery or crematory.		er Hill		
	West Stre	et xte	nded	
Location	Vac Che		III alea	***************************************
18. Funeral director	Mrs. Cha			
Address	43-45 Nor	thwest .	Street	1
19 Jan 8 (Date rec'd by regis	19 4.7	71	-11	Registra
The state of the s				

Anne Arundel

Michael Craig Connor

September 21, 1946

Days

(Town, county, and state)

Baltimore Maryland

Parole Maryland

16

6.(a) Single, married, widowed, or divorced

If less than one day

1-8- 1947

(If outside city or town limits, write RURAL and give nearest town) 3 Months

Enroute to Hospital

Hospital, Institution, or street address where death occurred:

5. Cotor or race

6.(b) Name of husband or wife.....

Colored

Farole Maryland

None

Charles Connor

Erma Larkins

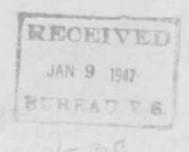
Parole Maryland

None

Erma Larkins

2. USUAL RESIDENCE (H)	residence of mother)
Stale Maryland	County Anne Arund 1
	d. near Annapolis
(If outside city of Parole M	or town limits, write RURAL and give nearest town)
	If rural, give LOCATION)
2.(a) if veteran, name war	
	3. (b) Social Security Number
	None
MED	ICAL CERTIFICATION
1-	
20. DATE OF DEATH	5 1947 , at 5-P
21. I CERTIFY that death occurred o	on the date above stated: that I attended deceased from
	1947 10 9 19 19
and that I last saw h	1 1 MAN O EVEL
mmediais cause of death	OURATION
777000	700-70
)ue to	

)ue to	
Other conditions	
(la aluda neagna)	ncy within 8 months of death)
	Dale of op.
Autopsy results	e cause to which death should be charged statistically.
	to external causes, fill in the following:
	Dale of
	City or town) (County) (State)
Injured at home, farm, Industry, pu	ublic place (where?)
Msans of Injury	Injured at work?
	M. D. or other
23. SIGNATURE	M. D. or other
-7 Cur	24 St, Date s gned 1-6-47
Address	Date s gned



PLACE-OF DEATH:

How long in above place of death? ..

How long in hospital or incitution?

Years

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Means of Injury

Where did Injury occur?

Injured at work?

Injured at home, farm, Industry, public place (where?) ...

(City or town)

Date signed 1/27/47



2411 N. Charles St., Baltimore

.Dale signed....

1			CERTIFICA	TE OF DEATH	Reg. Dist. No	2,2
Jes	ne Arunde 33up outside city or town li of death? 35.6 street address where	mits, write R Lays dealh occurred		2. USUAL RESIDENCE (HOME) OF COMES OF C	mother) inty Anne Are r L s, write RURAL and give ne	arest town)
3. (a) FULL NAMI				and the second s	_	
5. (a) FULL NAME			Davis		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Wi	dowed	20. DATE OF DEATH Jan. 28	1947	. 6:10A m
6.(b) Name of husband				21. I CERTIFY that death occurred on the date abo		
7. Birth date of	······	5. (c) If alive, give ageyea	and that I last saw h. i.M. alive on Jan	27	19.47
deceased (mo., day, y	r.) Jan al	Y 10,	1864	Immediate cause of death		DURATION
8. AGE: Years		Days LB	If less than one day	Auricular fibrill		l dey
00	0	1-0	hrs. mle	Il CHILOHITC WAS COSTLAT OF	s	Years
9. BirthplaceB.		county, and s	tate)	Due to. Arterioscleros	is, general	20 yrs
10. Usual occupation		••••••		Due to	·····	
		Other conditions		•••••••••••••••••••••••••••••••		
					*****************************	***************************************
		(Include pregnancy within 3 months of death)				
14. Malden name Caroline Fritz 15. Birthplace Baltimore, Md.		Major findings of operations.				
	Baltimon				Date of op	
16. informani	ora I. II	right		Autopsy results		
Address Jessup, Md.		PHYSICIAN: Please underline the cause to wh		statistically.		
2		22. VIOLENCE: If death was due to external cau				
17. (Burlal, eremation, or removal. Which?) Bate thereof. (phonth) (day) (year)		Accident, suicide, or homicide				
Cemetery or crematory Tolkfutti		Where did injury occur?(City or town)		(State)		
Location	p 10	seco	noge of	Injured at home, farm, industry, public place (wi		
18. Funeral director	Slonar	dy	Kuck	Means of Injury	Injured al work?	
Address 53	050	tolf	ord Kood -	23. SIGNATURE BLAN	V Clar	k ms
19. (D'ate ree'd by re	19.47	0.4	P. W. Helin		m.D. Dale signed.	or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and begibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
County Anne Arundel City or town Crownsville State Hospital (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 months 1 day Hospital, institution, or street address where death occurred: Crownsville State Hospital, Crownsville, Md. How long in hospital or institution? 5 months 1 day 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) state Maryland County Baltimore City City or town Baltimore. (If outside city or town limits, write RURAL and give nearest town) Street No. 920 Shields Place (If rural, give LOCATION) 2.(a) If veteran, name war.
Davis - Evelyn Tasker	J. (0) Social Security Isamoet
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Negro Married 6.(b) Name of husband or wife Sylvester Davis (Husband)	MEDICAL CERTIFICATION 2D. DATE DF DEATH January 19 19 47 at 12:05 F 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 19 44 10 January 19 19 47
7. Birth date of deceased (mo., day, yr.) 1918 8. AGE: Years Months Days If less than one day ?	and that I last saw h. er alive on January 19 Immediate cause of death Tuberculosis of Lungs UNRATION Known to us since
9. Birthplace Maryland (Town, county, and state) 1D. Usual occupation Housework 11. Industry or business ?	Due to. Due to. Known to
12. Name John Tasker 13. Birthplace Maryland 14. Maiden name Isobel (Adams) Tasker	Other conditions
15. 8irthplace Maryland 16. Informant Hospital Records Crownsville State	Major findings of operatious
Address Hospital, Crownsville, Maryland 17. Bury (Burial, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. George G. Kelson Address 1303 Presstman Street 19. At Duffe and Registrate Registrate	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other Address Quie signed 1/20/47

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County or town. (If outside city or town limits, write RURAL and give nearest town),	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Donald Russell Duch	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH ALLES AL SELECTION 1947 at Care
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) O chabeel 17 - 1946	and that I last saw h
8. AGE: Years Months Days If less than one daymin	1. Lo xejdrocephaly. 32
9. Birthplace Ruston Vuesnosial Xosf, East, y	Due to
10. Usual occupation	Due to
E 12. Name Dous & Russell Duche Sr. 13. Birthplace Somerset, moss.	Other conditions
14. Maiden name Palaccia I hompson. 15. Birthplace Washens loss, D. C.	(Include pregnancy within 8 months of death) Major fisdings of operations
2 15. Birthplace Washington, J. C. 16. Information. Daniel R. Dube, Sr.	Antopsy results
Address Rayal Oak, med.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemelery or cremover. W N. y.: N. / Y. H. To Providence R. I	Accident, suicide, or homicide
2758 to. Fall Rixet Mass	Injured at home, farm, industry, public place (where?)
18. Funeral director of tomas W. Dugotard	Means of Injury Injured al work?
19. (Obde seed by registrar) 19. (Obde seed by registrar)	23. SIGNATURE bredied and Dorother Address Aler Burnie, nd, Dale signed

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confis especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Z411 N. Charle CERTIFICAT	TE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Burlie N. Duncan	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wloowed, or divorced Male Colored manuel 6.(b) Name of husband or wife. May J. Lunden 7. Birth date of	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Days If less than one day 6 7 5 29 hrs. min. 9. Birthplace Lanchaster S. C. (Town, county, and state)	Immediate cause of death Stave about OURATION Oue to Oue to
11. Industry or business 12. Name Wilson Dunan 13. Birthplace S. C. 14. Maiden name Mantha James 15. Birthplace S. C.	Other conditions
18. Informant Address / 6 South Sto Anna policy 2016 17. Bustial Date thereof (month) (day) (year) Cemetery or crematory Balance Address Add	Autopay results
Location 1B. Funeral director Address Character State Stat	Moans of Injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed 1 3 4 4

. Date signed./



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CLRITICA	Reg. Dist, No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write HURAL and give nearest town) Street No. / 3 (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Welleam H. Frees	3. (b) Social Security Number 2/4-05-6668 A
1. Sex S. Color or race 6.(a) Single, married, widowed, or divorced White Mulow	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 3 27 PM
6.(b) Name of husband or wite. See G. Freeman. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day 4. hrs. min.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
9. Birthplace	Due to
12. Name Dellan Francia. 13. Birthplace Cracapolis 37%. 14. Maiden named Pereca Jonus. 15. Birthplace C. C. C. Ond.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations
16. Informant Thornwar P. Freeman	Autopsy results
Address Sqleharto a a C 344. 17. (Burlal, cremation, or removal, Which?) Cemetery or crematory Collans Collans (month (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director of the Management of the Source of th	Injured at home, farm, Industry, public place (where?)
19. Jan. 29.19.47 Registrar Registrar	23. SIGNATURE S- Obors ach Will M. D. or other Address Date signed 1/29,142

PROFIVE STATES OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			2.0	
Reg.	Diat.	No.	20	

CERTIFICATE OF DEATH

Parada Al e Al e				(For newborn infants give residence of mother)		
Olty or town	Davidso	nville mits, write	URAL and give nearest town)	State Maryland County A.A.s. City or town Davidsonville, (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?				(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or sti	eet address where	neath occurred		Street No(If rural, give LOCATION)		
				2.(a) If veteran, name war.		
3. (a) FULL NAME	Stitution:			3. (b) Social Security Number		
3. (a) FULL NAME	Pete	r Gau	g. Sr.	5. (0) Social Security Number		
4. Sex 5	. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W		Widowed	20. DATE DE DEATH	A	
6.(b) Name of husband or	wife Marg	arett	Gaug.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	. 11	
			c) If alive, give ageyears	Feli 18.46 10 Jon 16 19:	4.7	
7. Birth date of deceased (mo., day, yr.)	27 /		, , , , ,	and that I last saw h. Lana alive on		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death DURA		
86	2	I2	hrsmln.	700		
9. Birihplace				Due to. Calculately facilise 6		
E 12. Name	known Inknown			Dther conditions		
14. Maiden name				(Include pregnancy within 3 months of death)		
HALOW 15. Birthplace	Unknow			Major findings of operations. Date of op.		
16. Informant Anton Gaug				Autopsy results	,	
	vidsonvil			22. VIOLENCE: tf death was due to external causes, fill in the following;		
17. Burial, cremation, o	1 8 1 r removal. Which?	Date then	eof Jan 18 1947 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St. Marys				Where did Injury occur?	********	
Location Annapolis, Md.				Injured at home, farm, Industry, public place (where?)		
		-	SSn	Meens of Injury Injured at work?		
	apolis, M			111 Barlla 1	11	
	- 114		08	23. SIGNATURE TAUL ROLLS, M. D. or other		
19 (Date rec'd by regis	tran /- 1-3 -	1 6	me Registrar	Address 42 State Cazele Date signed 1-16	- 4	

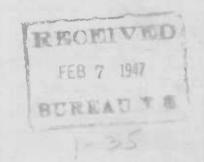
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH: An Arcounty County Crownsville State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crownsville Maryland (If outside city or town limits, write RURAL and give nearest town)	State Queen Anne Co. County
How long in above place of death?	City or town
Crownsville State Hospital, Crownsville, Md. How long in hospital or institution? 16 yrs. 6 mos. 5 days	(If rurat, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Gibson	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Widow	20. DATE OF DEATH January 27 19 47 21 2:45 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 22, 19.30 to January 27 19.47 and that I last saw h. er. alive on January 26 19.47
7. Birth date of deceased (mo., day, yr.) 1869 (?)	
8. AGE: Years Months Days It less than one day	Generalized Arteriosclerosis Known to
77 (?) ? ?hrsmin.	us since
9. BirthplaceMaryland (Town, county, and state)	Due to
10. Usual occupationHousewife	Bucks
11, Industry or business	Due 10
12. NameThomas Goldborough 13. Birthplace Maryland	Other conditionsSenile Psychosis
×	(Include pregnancy within 3 months of death)
14. Malden name Annie Smith 15. Birthplace Waryland	Major findings of operations.
≥ 15. Birthplace Maryland	
16. Informant Hospital Records, Crownwaville State Address Hospital, Crownsville, Maryland	Actorsy results
11. Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemelery or trematory Crownsville Hospital Cemetary	Where did Injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Crownsville, Maryland Sexton	Means of Injury Injured 21 work?
18XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	and the state of t
Address Crownerlle	LINEH 1 Philowood
2/5,47 87 pms docal	23. SIGNATURE M. D. or other
19	Address Crownsville, Maryland Dale signed 1/27/47



rrect age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

PLEASE

MARGIN RESERVED FOR BINDING

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State
How long in hospital or institution?	2.(d) If veteran, name war
3. (a) FULL NAME AUCH Cin Siles	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Sill	MEDICAL CERTIFICATION 2D. DATE DF DEATH 19 19
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
10. Usual occupation	Due to
12. Name	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant	Autopay results PHYSICIAN: Please underline the eause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 18. Funeral director Address	tnjured at home, farm, Industry, public place (where?)
19. (Date rec'd by registrar) 19. Registrar	Address Date signed 31/47

RECEIVED

FEB 1 1947

BUREATTE

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. PLACE OF DEA	Annenalle			2. USUAL RESIDENCE (HOME (For newborn infants give residence Maryland	OF DECEASED: of mother) County Anne Arundel	
((If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 22 Northwest Street (If rural, give LOCATION)		
How long in hospital or	Institution?			2.(a) It veteran, name war		
3. (a) FULL NAME	ertie Beatr	rice G	rant		3. (b) Social Security Number	er
4. Sex Female	5. Color or race Colored	8.(a)Single	e, married, widowed, or divorced Married	MEDICAL 2D. DATE DF DEATH	CERTIFICATION	11.,.
6.(b) Name of hysband o)	Gran	t c) It alive, give ageyear	21. I CERTIFY that death occurred on the date	e above stated; that I attended deceased from	m 19.
7. Birth date of deceased (mo., day, yr	March		1898	and that I last saw h		19.
8. AGE: Years	Months 10	Days 13	It less than one day	Carcinoma		M
9. Birthplace	Housewife	ounty, and	id state)	Due to		
11. Industry or business 12. Name	Thomas Kin			Other conditions		
13. 8irthplatennapolis Maryland 14. Maiden name Katie Blackstone 15. Birthplace Annapolis Maryland Maggie Wilson Address 22 Northwest Street			*******	(Include pregnancy with		
			et	Autopsy results	to which death should be charged statistic	cally.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Date thereof 1-29-1947 (month) (day) (year)			1-29-1947	22. VIOLENCE: If death was due to externs Accident, suicide, or homicide Where did injury occur?	Date of	
	West Street		***************************************	Injured at home, farm, industry, public place	e (where?)	
18. Funeral director			••••••	Means of Injury	Injured at work?	7
Address Toma	43-45 Nort		Street	23. SIGNATURE Morden	M. D. or other Date signed 1/2.	



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00 00 00	/ 2411 N. Charle	es St., Baltimore				
rect	CERTIFICATE OF DEATH Reg. Dist. No					
clearly and legisly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Lland Land Land Land Land Land Land Land L				
formation death cle	Frederick C. H. Isrube	3. (b) Social Security Number				
ry item of inf the causes of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced W. Louved	MEDICAL CERTIFICATION 20. DATE OF DEATH, January 3 19.5.7. al 4 Pa M				
	8.(b) Name of husband or wife agreed Willel	21. I CERTIFY that death occurred on the dale above stated; that I allended deceased from				
ly even	7. Birth date of deceased (mo., day, yr.) October 9 - 1864	and that I last saw h				
C. Supp please	8. AGE: Years Months Days It less than one day 2 2 4	Immediate cause of death Charge herself in Oue to. Charles Coop.				
ADING INI Physicians:	10. Usual occupation	Due to				
Fw.	12. Name Perhioway.	Other conditions				
WITH UNI	14. Maiden name. Wishnows 15. Birthplace Jeermany	(Include pregnancy within 3 months of death) Major findings of operations				
. >	18. Intermani Jagas Clijabeth Genter Address Harrover, Vid	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.				
ITE PLAINLY is especiall	17. Date thereot	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, tarm, industry, public place (where?)				
SASE WR	18. Funeral director They was 4 Thering Address 14 V6 Light Rt	Meens of Injury Hanging Injured at work? NO				
PLI	19. (Date reg d by registrar) Registrar	Address Selew Burnie, and Date eigned 1/3/47				

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FOR BINDING

MARGIN RESERVED

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MARYLAND STATE DEPARTMENT OF HEALTH

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Reg.	Dist.	No.	26

CERTIFICAT	'E OF DEATH Reg. Dist. No	26
1. PLACE OF DEATH: County Anne Arundel County City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Il months 5 days Hospital, institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? Il months 5 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3.(a) FULL NAME H auser - Lilly A.	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Negro Married	MEDICAL CERTIFICATION 20, DATE OF DEATHJanuary 9 1947	
6.(b) Name of husband or wife. William Hauser 6.(c) If alive, give age. nktiown years 7. Birth date of deceased (mo., day, yr.) 1897 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated: that I attended dace February 15 18 46 to January and that I last saw h.er. alive on January 9 Immedia: cause of death Cerebral Henorrhage	9 19 47 19 47 0URATION
50 Unknown Unknown hrs min. 9. Birthplace Rult imore, ld. (Town, eounty, and state) 10. Usual occupation. Housework	Oue to General Paresis	us since
11. Industry or business 12. Name Peter Fryer 13. Birthplace South Carolina 14. Name Peter Fryer 15. Birthplace 15. Birthplace	Other conditions	
14. Malden name Margaret Green 15. Birthplace South Carolina 16. Informant Hospital Records	Major findings of operations	
16. Informant Hospital Records Address Crownsville, Maryland	Antopay results	statistically.
17. Burial Date thereof Jan. 12, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Mt. Calvery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Location Anne Arundel 18. Funeral director James A. Hayes Address 142 West Hill St. Baltimore, Md. 19. (Date ree'd by registrar) Registrar		or other Jan. 10, 147

maryland State	
BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	B

		2	2
Registered	No		

The The		EALTH DEPARTMENT E OF DEATH 131 Registered No.	. 27
1. PLACE OF DEATH: (a) Baltimore City, Maryl	4.0 200007	2. USUAL RESIDENCE OF DECEASED: (a) State Granylandb) County Guil G	rus
(c) Hospital or institution		(c) City or town Guellustown (If outside city or town limits, write RURA	L and give town)
(d) Length of stay in hosp (e) Length of stay in Balting	ital or inst. (yrs., mos., or days) Willow wore (yrs., mos., or days) 15 ylans.	(d) Street No	(Yes or No)
A CONTRACT / VIII	liam Hayes		
3 (b) If veteran, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH FACULARY - 5-19 4	7 11 45
o male col.	divorced. married.	21. I certify that death occurred on the date above state ed deceased from OCAUL 19 47 to Jac	ed; that lattend-
Ca	wife alexina Hayes 6 (c) If alive, give age 62 years	and that I last saw hi walive on four 14-19 Immediate cause of death Counsistive	
7. Birth date of deceased (8. AGE: Years Months 73 /0	mo., day, yr.) Ech - 15 - 1873 S Days If less than one day 20 hrmin.	Bricht Failured Ridneys	
9. Birthplace Town	mulling haryland (Town, county, and state) Farmer	Due to	itis
11. Industry or business	· laceau.	Other Conditions 0 10/1	7/47 95.
10. Usual Occupation		(Include pregnancy within 3 months of death) Date of operation	PHYSICIAN Underline the
E 2		Major findings of operation:	
15. Birthplace 16 (a) Informant. Many.	minoure	of autopsy:	tically.
(b) Address Green	alexing Hayes	22. If death was due to external causes, fill in the fo	
2 13	(b) Date thereof 1 - X-4	(b) Date of occurrence at (c) Where did injury occur?	tM
(c) Cemetery or cremat	ory Partline Con	(City or town) (Cour (d) Did injury occur about home, on farm, industrial place?	place, in public
(b) Address	142 waterfactor	(e) Means of injury. 23. Signature Walther H. Sonney	/ M D
19 (a) Date rec d by negistrar VS 150) Mitegistrar	Address Los Holling Forg Rd Date sign	ned /5/47

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: CountyAnneArundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or townCrownsville State Hospital	State Maryland County Baltimore City		
How long in above place of death?	?		
Crownsville State Hospital Crownsville, How long in hospital or instilution? 7 months 13 days	Md. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME Haynes - Mamie	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female Negro Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 19 1947 1947 1947 1947		
6.(b) Name of husband or wife Walter Haynes 7 7. Birth date of deceased (mo., day, yr.) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 19.41 to January 19 19.47 and that I last saw her alive on January 19 1947		
8. AGE: Years Months Days It less than one day 73 (?) ?hrs.	Immediate cause of death CoronaryOcclusion DURATION 1 day		
9. Birthplace	Due to Du		
12. Name	Biher conditions Senile Psychosis; depressed Known to type us since (Include pregnancy within 3 months of death)		
14. Maiden name?	(Include pregnancy within 3 months of death) June 6,1941 Major findings of operations. Date of op.		
16. Informant Hospital Records, Crownsville Star			
17. Burial (Burial, cremation, or removal, Which?) Bate thereot (month) (days) (year	Accident, suicide, or homicide		
Cemetery or crematory Hospital Cemetary Location Crownsville, Maryland	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director Address Procursorille 245/45 1 52 Jan 20 Cal	23. SIGNATURE M. D. or other		
19	gistrar Address Crownsville, Maryland Date signed Jan. 19, 194		

PLEASE WRITE PLAINLY, WITH WAFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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CERTIFICAT	E OF DEATH Reg. Dist. No. 21
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME / Selle Helron	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced Levil Cellus Cellu	20, DATE OF DEATH 18/1/2, al S /// A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife 7. 8irth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. 8irthplace (Town, county, and state)	and that I last saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
11. Industry or business 12. Name	Other conditions (Include pregnanty within 8 months of death) Major findings of operations Oate of op. Autopsy results PHYSICIAN: Please underline the gause to which death should be charged statistically.
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address 19. (Date ree'd by registrar) Registrar	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide

BINDING FOR RESERVED ARGIN age

information carefully of death clearly and

ADING INK. Supply every item of i

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No. 25

/	Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or fown timits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Mow long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Watter Hugh Heider	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Color of race 7. Birth dale of 6.(b) Name of bashand or wife 6.(c) If alive, give age 7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace County, and state 11. Industry or business 11. Industry or business 12. Name 11. Name 11. Maiden name 11. Maiden name 11. Birthplace	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
16. Informant Address 30 14 Stoomer God	Major findings of operations. Date of op. Antopay results. PHYStCtAN: Pleuse underline the cause to which death should be charsed statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (Stato) Injured al home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or others Address. Date signed

The Broken Ho - 5319 Patrick Honey Sins To action Heregan Advention 700 The Disconsidered to 1885 Jan 13 47 718 BERNED! 39 ALIAN 17 1947 BUREAU V.S. 12/3/5 London Park Com 88 shought 4185

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9	PLAINLY, is especially
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MARYLAND STATE DEPARTMENT OF HEALTH

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Anne Arundal ExistiCA	Reg. Dist. No	<i>a</i>		
1. PLACE OF DEATH: County Crownsville State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Crownsville. Maryland (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest to Street No. 29 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number	<u></u>		
Male Negro Single		7 00		
6.(b) Name of husband or Wife	20. DATE OF DEATH January 22, 19 47, at 1] 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 4 1944 10 January 22 and that I last 22w h imative on January 22	om 147		
deceased (mo day, yr.) 1906 June 22		DURATION		
8. AGE: Years Months Days If leas than one day	deliela	ownt.c		
40. 7 Ohrsmin.		since		
9. BirthplaceMaryland	Due to. General Paresis 10/	/4/44		
James Henson 13. Birthplace ?	Other conditions			
14. Malden name Abbie Gorden 15. Birthplace ?	(Include pregnancy within 3 months of death) Major findings of operations			
16. Informant Hospital Records, Crownsville State Address Hospital, Crownsville, Maryland 17. Buried (Burial, cremation, or removal. Which?) Cemetery or crematory **L Auburn** Cemetery or crematory **L Auburn**	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic 22. VIOLENCE: IFdeath was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State			
Baltimore City 18. Funeral director Geo. G. Kelson	Injured at home, farm, Industry, public place (where?) Meana of Injury Injured at work?	0		
Address 1303 Presstman Street 19. 24 19 47 A Will Hedresh (Bate rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address. Crownsville, Maryland Bate signed 1/22	2/47		

PLEASE WRITE VS A15

BEADSH AND	CTATE	DEDADTMENT	OF	TARRATURE.
MAKILAND	SIAIL	DEPARTMENT	Ur	HEALIH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 21

/I	
1. PLACE OF DEATH: Orendel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Crusakolis Md.	State Maryland Countline Unudel
(If outside city or town limits, write RURAL and give nearest town)	City or twn
How long in above place of death?	Street No.
Comergency Hospital	(If rural, give LOCATION)
How long in hospital or its fitution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race S. C	
Male White Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF OBATH Jan 22 1947 21 9P
6.(b) Name of husband or wife Margaret Ditzel Hersch	21. I CERTIFY that double occurred on the date above stated; that Patended deceased from
7. Birth date of Co. (c) If alive, give age years	and that I last saw h alive on 2 2 19
deceased (mo., day, yr.)	Impadiate cause of death
8. AGE: Years Months Days If less than one day	Myocarat V F Mynolal,
69 6 13hrs. min.	Suffice Ch. I Whom
9. Birthplace (Fown, county, and state)	Due to.
1D. Usual occupation	flue to
11. Industry or business	The first state of the state of
12. Name Makenowa 13. Birthplace Wakenowa	Other conditions Allew to berons when
	(Include pregnancy within 3 months of death)
14. Maiden name. Hukmowy.	Major fiadings of aperations
2 15. Birthplace Kukmown	
16 Informant Mrs Kenry Husch	Antopsy results
Address Cernalded a a G ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
03 -14.0 Yan 26-1807	22. VIOLENCE: It death was due to external causes, till in the following:
(month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory	Where did injury occur?
Location It Mangaretto aa a md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Delan (Bell, Lay Con . Son	Means of Injury Injured at work?
Address Commandel Aud.	9 4 0 B - 1
To - 13 117 /	23. SIGNATURE M. D. or other
19, John 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Chu aprilio W Date signed - 23.4

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JAN 24 1947
BOREAU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

11		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
1	County County County	(For newborn infants give residence of mother)
M	Cit or town Issuapolio Ma.	State COMPLEMENT COUNT STATE COMPLETE
4	(If outside city or town limits, write RURAL and give nearest town)	Mond Present Becchi
#	How long in above place of death?	(If outside city or town limits, write RURAL and give mentest town)
	Hospital, assitution, or street address where death occurred:	
I	Congraence Hospital	Street No.
		(If rural, give LOCATION)
	How long to hospital or Institution?	2.(a) If vetoran, name war
-	3.(a) FULL NAME Q	10/2\0.110 6 N 1
-	Trehard dee Ho	2. (b) Social Security Number
Н	United yet 100	-car
	4. Sex 5. Color or race 6.(a) Single, marging, who wed, or divorced	MEDICAL CERTIFICATION
- 11	201 1 2017 01 0	MEDICAL CERTIFICATION
11	male White Single	Regulary 7 (W 1/6 9/
11		20. DATE OF DEATH 19 4 . at 19 4 . a
Н	6.(b) Name of husbaod or wife	21. I CERRIFY that death occurred on the date above stated; that tattended deceased from
1		Causes 25 1947, 10 Cas. 74/ 1945
1	7. Birth date of Section 6. (c) If all fe, give age years	10:11
	deceased (mo., day, yr.) Dec 12 4 1946	and that last saw h. Was Lalive on
		(Immediate cause of death
	8. AGE: Years Months Days tf tess than one day	2
1	/ /3min.	Musles- Free 24
		Jacq.
	9. Birthplace Assuração Ma.	Due to
Н	(Town, donty, and state)	
1	10. Usual occupation.	
П		Due to
1	11. Industry or business	
Ш	12 Name Jaseph 03. Hollar	Other conditions
Н	E (base) -1. 01-	ther conditions
1	13. Birtholac aleston	(Include pregnancy within 8 months of death)
	14 Maiden nam O Akkille Lankon	(Include pregnancy within 8 months of death)
	14. maisten nami	Major findings of operations
	14. Maiden nam Akkille Lankows 15. Birthplage Finesolus Va	Qate of op.
	Dead B 11-00-00	
	16. Informant	Antopsy results.
	Address Wordlawn Beach GG G 3716.	PHYSICIAN: Flease underline the cance to which death should be charged statistically.
	Alle Allen	22. VIOLENCE: If death was due to external causes, fill in the following:
	17 Osmal Date thereof Jany 27-1987	
1	(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
	Cometery or crematery. Kellon Blass	Where did injury occur?
	10: 60.1	
	Location	tnjured at home, farm, Industry, public place (where?)
	One my Transaction	Means of Injury Injured at work?
	18. Funeral director	(040 \ 0 () 1 -
	Address O Known by Park Med.	What & College Was
		23. SICHATURES COUNTY W. COCACO PR.
	1. Jan. 26, 19 47 71 Doruch	M. D. or other
11	19.	1 (111111) 10 al

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PLEASE

MARYIAND	STATE	DEPARTMENT	OF HEALT
INI CALL ALL CALLED	DIA III	DELLAND BUILDING	V/I 111.741.11

2411

	N.	Charles	St.,	Baltimore	
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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH AND AFTUR del County	2. USUAL RESIDENCE (HOME) OF DECEASED: (First pewborn infaste give residence of mother) State County Funce Arthurdel City or town (If outside city or town limits, write-HURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME Charles Henry	Howard 3. (b) Social Security Number
4. Sex Male S. Color or race b. (a) Single, married, widowed, or divorced while which widowed by the widowed by the widowed b. (b) Name of husband or wife so that the wife sex sex sex sex sex sex sex sex sex se	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated introductions there 22. I CERTIFY that death occurred on the date above stated introductions there 23. I CERTIFY that death occurred on the date above stated introductions there 24. I CERTIFY that death occurred on the date above stated introductions there 25. I CERTIFY that death occurred on the date above stated introductions there 26. I CERTIFY that death occurred on the date above stated introductions there 27. I STATE THE STATE OF THE
12. Name MM Honey Sowald 13. Birthplace 2 Influence 14. Malden name 6 liga 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(Include pregnancy within 3 months of death) Majur findings of uperations
19. (Date pec'd by registrar) 19. (Date pec'd by registrar) 19. (Date pec'd by registrar)	23. SIGNATURE Stru M. Caffy M. D. or other Address Cleenapole. Suffixed bate signed /// 47.

RECEIVED BUREATTS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A A County	Transfer C C C- t
City or town (If autside city ar town limits, write RURAL and give nearest town)	State County County
	City or town (If outside city ar town limits, write RURAL and give nearest town)
How long in above place of death?	
indepties, interitorious of effect addresses where details obtained.	Street No. 3 17 annal Road
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME	12 (1) C : 1C : W 1
James Frederick Tru	3.(b) Social Security Number 2/9-12-6//3
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	12.30
	20. DATE OF DEATH January 28th 1947, at A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the the above stated; that I attended deceased from
	Jan 27, 18 47, 10 Jan 29 18 47
T. Birth date of O 11 th 1 C S 2	a di that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral Hannel
64 hrsmin.	
Birthplace Batternou Ful	Que to Alakalence
(Town, county, and state)	0 - M-li 100 - 1 3
10. Usual occupation Eluck Amil	
11. Industry or business	Due to.
El Z Garage	
12. Name	Other conditions
\$ 13. Birthplace Ballimon ma	(Include pregnancy within 3 months of death)
14. Maiden name Mary, Murlin 15. Birthplace anne arundel County	(include pregnancy within 8 months of death)
6 10 Cm. t	Major findings of operations
\$ 15. Birthplace anne arundel County	- Date of op
18. Informant Mr. Thomas W. Siurs	Antapsy results
Address 3700 S. Third St - 25 -	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bate therent Jan 31-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Comotory or crematory. Collar Hill Countery	Where did lajury occur?
Location Gov But spice Highway -	Injured at home, farm, industry, public place (where?)
2004 CP1:11:07	Means of Injury Injured at work?
18. Funeral director Management of Comments	0 00
Address 3914 Hanover St.	a cionario e farmel far la
9- 29 117 A 2121-	23. SIGNATURE M. D. or other
19. (Data rec'd by registrar)	203 Valah & S

JAN 31 1947 RUREAU 1947 2411 N. Charles St., Baltimore

00144

.Bate signed. ...

CERTIFICAT	E OF DEATH Reg. Dist. No. 21
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or institution? 3. (a) FULL NAME	
James J. James	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, wildowed, or divorced Male Colored Manuelle 6.(b) Name of husband or wife	20. DATE DF DEATH
8. AGE: Years Months Bays tf less than one day 5 4 9 h.hrs. min. 9. Birthplace (Town, county, and state) to. Usual occupation.	Immediate cause of death Miltiple Schemis Due to Sudden mut of pam in it hip + florid But to Mandal An progression
11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace	Bither conditions (Include pregnancy within 8 months of death) Major findings of operations. Bate of op.
Address A Boy 547 lunabolis My 17. (Burful, cremation, or removal. Which?) Cemelery or crematory Delay (war) Location Control of the Contr	Autopsy results PHYSICIAN: Please underline the cause to which death aboutd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
t8. Funeral directors	Meane of Injury tajured at work? 23. SIGNATURE M. J. Klawans, and

Registrar Address.....

MARGIN RESERVED FOR BINDING

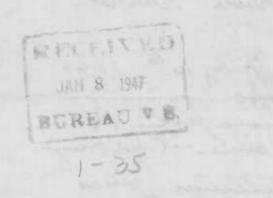
9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

Date rec'd by registrar)

JAN 6 1947 BUREAU 9 8 FOR

RESERVED



CERTIFICATE OF DEATH

Reg. Dist. No ...

7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
XI	State County 2 2
(If outside city or town limits, write RURAL and give nearest town)	" 7.
Now long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Sireet No
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I w/ S	1/0 47 800
	20. DATE DF DEATH
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) ff alive, give ageyer	1940, 10, 10, 1947
7. Birth date of	and that I last saw hatter alive on
deceased (mo., day, yr.)	Immediate cance of death DURATION
8. AGE: Years Months Days If less than one day	Enternalmen 5mg
74hrsm	in chini impradt in
	Due to.
9. Birthplace(Town, county, and state)	506 10
10. Usual occupation	
10, 0sual occupation	Due to
ff. Industry or bysiness	
12 Name Wu price	Diher conditions
13. Birthplace //ee	
	(Include pregnancy within 3 months of death)
불 14. Malden name	Major findings of operations.
HE 14. Malden name Allay Janes 15. Birthplace / a	
111 W/ M	
18. Informant Muse.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address franksling Med	
Buil Plus	22. VIOLENCE: ff death was due to external causes, fill in the following:
[Burial, cremation, or removal, Which?] [Burial, cremation, or removal, Which?] [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or cromotes	
Location Mudsemples p / a	Injured at home, farm, Industry, public place (where?)
W & Dutchin	Means of injury Injured at work?
18. Funeral director	110-2201
Address Owns ma.	- HWWard
Q 8 117 19 117	23. SIGNATURE M. D. or other
19. Tan 0 19. T Wall Negistrar) Registr	Car Pidres 1820 19 Date signed 18/47
Chate tec d by registrar) Registr	AUUTESSA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN 28 1947 BUREAU V 8 2411 N. Charles St., Baltimore

		Service .
(8)		

CERTIFICATE OF DEATH

		11)	0
Reg.	Dist.	No	J

				Keg. Dist. 110.	······································
1. PLACE OF D	EATH: A	A Coun	dy	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	sville Stat			(For newborn infants give residence of mother)	
City or fown Cr	ownsville,	Marylan	RAL and give nearest town)	state Maryland County	
(11	f outside city or town li	nits, write RU	. 3 wks.10 days	City or fown	
How long in above plan	or street address where	death occurred.	, o y who are dujo	(If outside city or town hmits, write RURAL and give	nearest town
Crownsvi	lle State H	ospital	, Crownsville, M	Street No. (If rural, give LOCATION)	
	6 vr	e 11 mo	s. 3 wks. 10 day	(II fural, give Location)	
		.S. a		S 2.(a) If veteran, name war	
3. (a) FULL NAM	ME			3. (b) Social Secur	ity Number
JONE	S - MARSHAL	T.			
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Negro	Sepa	rated	20	/ 00 4
				20, DATE OF DEATH January 30 1947	
6.(b) Name of husban	d or wife?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	21. I CERTIFY that death occurred on the date above stated; that f attended	
				Febuary 7 19 40 to Januar	
7. Birth date of			it aure, give ageyears	and that f last saw h.imalive onJanuary 29	1947
deceased (mo., day	, yr.) 1876			Immediate cause of death General Arterioscler	OSIS DURATION
8. AGE: Yea	Months Months	Days	If less than one day		Known to
70 (?)	?	?	hrsmin.		us since
1/-	o muzl o m d	A CONTRACTOR		Due de	Feb.7,
9. Birthplace	aryland (Town,	county, and at	ate)	uue to	1940
10 Usual occupation	Han	dy Man			-/
				Due to	***************************************
11. Industry or busine				Ossila Danshada	
	The second secon	.es		Dither conditions Senile Psychosis	
	Maryland			(Include pregnancy within 3 months of death)	
14. Malden nam 15. Birthplace	Julia Fore	man			
E	Maryland			Major findings of operations	
≥ 1 15. Birthplace	Treat of Transaction			Date of op	
16. Informant. HO	spital Reco	rds Cro	wnsville State	Antopsy results	and application Ha
Address Ho	spital, Crow	nsville	. Maryland	PHYStCIAN: Please underline the cause to which death should be char	ged Statisticany.
				22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial crematic	on, or removal. Which?	Date thereo	(month) (day) (year)	Accident, sutcide, or homicide	
	Hospita		*	Where did injury occur?	(State)
			ACT TO THE PARTY OF THE PARTY O		(State)
Location Crow	msville, Ma	ryland	fine and the second	Injured at home, farm, industry, public place (where?)	
Sexton	Dupl	Hody	pulat.	Means of Injury Injured at work?	7
TO SEALING TO ALL COLOR	Vousin	Verte,	o, Did	THE I THE SE	-1 - 2-
Address	10000		0 90	23. SIGNATURE	
10 12/8	787 10		ct foyce	M.	D. or other
(Date rec'd by/	registrar)	***	Registrar	Address	ned

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

-	D: .	300
Keg.	Diat.	No

01047

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Samuel B. Jones	218-03-6916
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Color.	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan 9 19 47 21 P. N
8.(b) Name of husband or wife. It clence forus	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 13. 46. to 10. 19.4. 7
7. Birth date of deceased (mo., day, yr.) Phan 16-1910	and that I fast saw h Lonn alive on
8. AGE: Years Months Days It less than one day 36/0/3	Immediais cause of death DURATION Pulsarman interculores
9. Birthplace (Figure, county, and state)	Due to
10. Usual occupation AMAMAM	Due to
11. Industry or business 12. Name Samuel Tribe.	Diher conditions
13. Birthplace Oneknown	
14. Maiden name Drueni Barren	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Trays	Date of op.
18. Informant Auenil Rynown	Autopsy results
Address	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereo (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Thaip , Softm	Where did injury occur?
Location (MAH).	Injured at home, farm, Industry, public place (where?)
18. Funeral director - F. C. Starklesty + Son	Means of Injury Injured at work?
Address Stalesvilla Gnot.	23 SIGNATURE Emily H. Gulson
19 Jan / 2 19 HT Elward College Registrat	Address Lattian, and Date signed 1/1.47.

JAN17-1947 BUREAD A

state Exact statement of ACCUPA-RD. Every item of infor-PHYSICIANS should AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANE. TION is very important. See instructions on back of certificate. mation should be carefully supplied. RITE PL. N. B.

MARGIN-RESERVED FOR BINDING

V. S. No. 1

0	STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	1580 148
9	County A A B	(Ir	Registration Dist. No. No. 920 E. Church St., death occurred in a hospital or institution, give its NAME instead of street and r	number)
	Length of residence in city or town where death of the Louis Kal		ds. How long in U.S. If of foreign blrth?yrsmc)s ds.
	(a) Residence: No. 920 E. Churc	Ch (Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	male white 0	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day)	, 193 4 7 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (nee Soust	tek)	22. I HEREBY CERTIFY. That I attended Telemone 2,19.41, to 1	deceased from
ate.	6. DATE OF BIRTH (month, day, and year) Augus 7. AGE Years Months	st 13, 1884	I last saw h alive on	death is said
certificate	62 months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
back of co	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ired	Caremony 4 Jonasas	Jino
no	SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
instructions	12. BIRTHPLACE (city or town) Czechos] (State or country)	lovakia	Other Contributory Causes of Importance:	
nstr	13. NAME Joseph Kaliv	vodasr		
See 1	[4. BIRTHPLACE (city or town) Czechos] (State or country)	lovakia	Name of operation Date of What test confirmed diagnosis? Was there an a	140
it.	# 15. MAIDEN NAME Unknown		23, If death was due to external causes (VIOLENCE) fill in also the following	
important.	16. BIRTHPLACE (city or town)(State or country)		Accident, sulcide, or homicide? Date of Injury Where did injury occur?	, 19
very in	17. INFORMANT Mrs. Mary Soustek (Address) 920 E. Church St		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	NCE.
1.8	18. BURIAL, CHEMINION CONNICONNI Place Cedar Hill Cem. Da	te 1/15/ ,19 47	Manner of injury	
TION	19. UNDERTAKER Charles E. Sching (Address) 2601 E. Madison		24. Was disease or injury in any way related to occupation of deceased?	(4)
-	EANLO 16 1947 15 15 16	- Williams Mar	(Signed) (Address)	M. D.

If more banks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUNKAU Y.E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

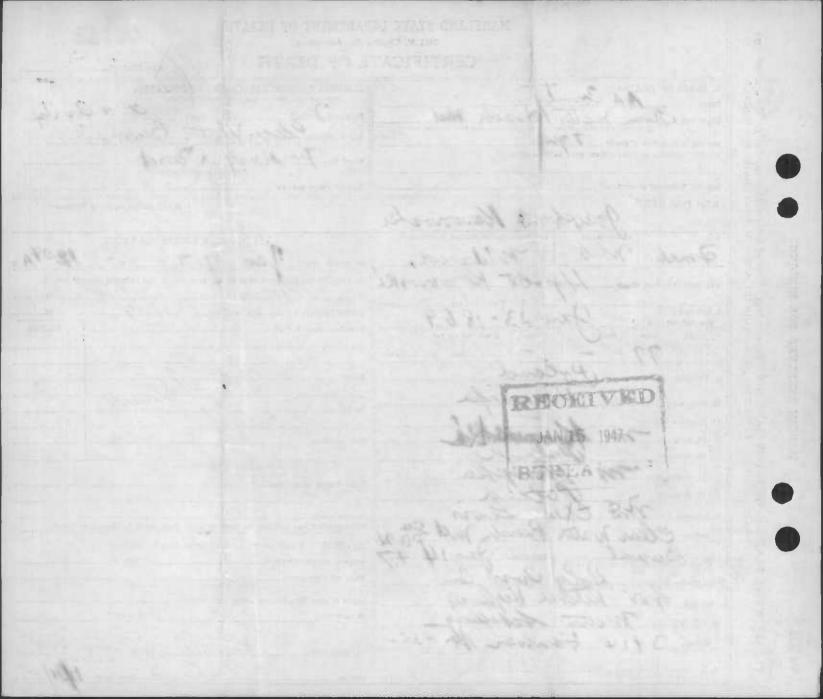
MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

00149

	as St., Baltimore 465
CERTIFICAT	E OF DEATH Reg. Dist. No. 25
1. PLACE OF DEATH: Country	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
To law to the state of the stat	Deal Of a Boxet
(If outside city or town limits, write RURAL and give nearest town)	010 - 111 - B - 36 10
How long in above place of death? 7 734	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. P.C. R. Valy Rosses
Row long in hospital or institution?	(If fural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Josephone Karworvske	
4. Sex 5.Dólor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Amel Widaved.	20. DATE OF DEATH AM 19.
6.(b) Name of husband on wife for the first that the first of the firs	21. I CERTIFY that deal nocurred on the date above stated; that I attended deceased from
7. Birth date of	· laterla
deceased (mo., day, yr.) 12m 23-1869	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate Cause of death
77 — —hrsmin.	<i>[</i> 0 ,
9. Birthplace Polond	Due to Care
(Town, county, and state)	Cae of J Soul
10, Usual occupation.	Due to 2 dya,
11. Industry or business	
12. Name	Other conditions
14. Malden name M Konipha	(include pregnancy within 8 months of death)
15. Birthplace	Major findings of operations
May Olin Pin	
16. Informant Add Classics Control of Classics	Autopsy results
Address Clar Walls Treas pull 30 26	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location GDV Retelles Sucherson	Injured at home, farm, industry, public place (where?)
18. Funeral director Matter Achilling	Means of Injury Injured at work?
Address 3 914 Hansver 14-25-	Of Fire 1 Sms
9 13 11 91 20101	23. SIGNATURE M. D. or other
(Pate rec'd by registrar)	Address Stee Brent Date signed 1991/4



MARGIN BESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

County AN ARUNDEL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
	State MARVIAND County AN ARUNDEL
City or town GAEN BORN IE (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 24.85	City or town GLEN RORNIE (If outside city or town limits, write RURAL end give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 119 5. 5. 71 17 WE
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If vetcran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ANNA KLAMPEN	MINE
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F W WIDOW	20. DATE OF BEATH 201 17. 19 7 91 5 Q. M
8.(b) Name of husband or wife BERNHART KLAMPEN	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Ach.
7. Birth date of	and that I last saw h allve on 2 14 7 19 4 7
deceased (mo., day, yr.) DEC 12 1868	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
78 / 3hrsmin.	
9. Birthplace BALTIMORE MD. (Town, county, and state)	Due to arthreosclarors - 5 pm
(Town, county, and state)	Due to arthrevolorous - 5 pm Cacho Vasanca Directo.
10. Usual occupation. HOUSEWIFE	
11. Industry or business Ect. Thomas	Oue to
12. Name Naknowa	Other conditions
12. Name	
	(Include pregnancy within 8 months of death)
	Major findings of operations.
E 15. Birthplace MARYLAND	Oate of op.
16. Informant VIRGIE SEEBO	Autopsy results.
Address GLENBURNIE NO D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 1	22. VIOLENCE: if death-was due to external causes, fill in the following:
17. Reservable Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery Pheo bus	Where did injury occur? (City or town) (County) (State)
7/-	
Location	tnjured at home, farm, Industry, public stace (where?)
18. Funcrat director William Cook Inc.	Means of Injury Injured at work?
Address 1217 St. Paul st.	23. SIGNATURE S. Beslina M. D. or other
1/10 1/7 Or 11 Wallet	23. SIGNATURE M. D. or other
19	Address Selen Bearne. my Bate signed Jan 17, 19 49
CM2 TOWN	Autress

2411 N. Charles St., Baltimore

942

Reg. Dist. No. 21

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Cliy or town Jones Station, Severna Park, (If outside city or town limits, write RURAL and give nearest town)	Md state Maryland county Anne Arundel				
(If outside city or town limits, write RURAL and give nearest town) 55 Years How long in above place of death?	City or town. Jones Station (Severna Park P.Q. (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Street No. Dividing Creek Road				
	(If rural, give LOCATION)				
How long in hospital or Institution?	2.(a) If veleran, name war				
3. (a) FULL NAME THOMAS H. LANGLEY	3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male White Widdower	20. DATE OF DEATH January 14 1547 at 10.30 A				
B.(6) Name of husband or wife Cecelia Langley	21. I CERTIFY that death occurred on the date above stated; that I attegded deceased from				
7. SIrih date of	years and that I last saw h. Commalive on				
deceased (mo., day, yr.) May 30, 1867. 8 AGF: Years Months Days If less than one day	Immediate cause of death				
8. AGE: Years Months Days If less than one day 7 14hrs.	min min				
1 3 300 70 1	Com-				
9. Birthplace Baltimore (Town, county, and state)	Oue to.				
10. Usual occupation Retired lineman	Mimba.				
11. Industry or business	Due to.				
12. Name William Henry Langley 13. Birthplace Baltimore, Md.	Other conditions.				
	(Include pregnancy within 3 months of death)				
14. Malden name Cornelia Galloway 15. Birthplace Baltimore.	Major findings of operations.				
15. Birthplace Baltimore.					
16. Informant Thomas H. Langley Jr.	Autopsy results				
Address Jones Station Severna Park.P.	DITYCICIAN. Di con an lodine the come to polich death should be changed statistically				
17 Burial Date thereof Jan 17 19 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;				
Cemetery or crematory Langley's Private Cemet					
Location Jones Station Md.	Injured at home, farm, industry, public place (where?)				
18. Funeral director	Maans of injury Injured at work?				
Address Glen Burnie, Md.	- Ohn Allewander.				
Jan 19 of morecola	23. SIGNATURE M. D. or other				
19. Aug. 17 196 Messelle Regis	strar Address Glen Burnie, Md. Date signed 114				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legiply. MARGIN RESERVED FOR BINDING VS A15

JAN 20 1947 BUREAU V 8

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3. (b) Social Security Number

DURATION

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entroct age

1. PLACE OF DEATH:

How long in above place of death?

Hospital, institution, or street address where death occurred:

18. Funeral director PLEASE by registrar)

Location

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED:
H	(For newborn infants give residence of mother)
ŀ	91111 (1 (d. ko
	State County County
H	March Cua Rh
Н	City or town
	(If outside city or town limits, write RURAL and give neurest town)
H	1. a Clare O Dark Clare
	Street No. 10 90 90 90 90 90 90 90 90 90 90 90 90 90
	(If ruspl, give LOCATION)
	(it total, give book total)
II	2.(a) If veteran, name war
ш	Z.(v) is foreign, figure was

5. Color or race

outside city or town limits, write RURAL and give nearest town)

MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from

Imm
Due 1
Due t

ediate cause of death

Due to		
aturosclerans		(
Other conditions		
(Include preynancy within 3 months of death)	

Major findings of operatious.

Autopsy r	esul	18									44441888	
PHYSICIA	N:	Please	underline	the	сапае	to	which	death	should	he	charged	atatistical!

PH	YSICIAN: P	ease	underliu	e the	CRUSE	to	which	death	should	he	charged	ata tin
	MOLENOE	14.4	. 11	Acres Are				4111 In	Also fall	mw le		

22.	VIOLENCE:	If death was due	to external causes,	fill in the following:
	14-4 - 1-14-	hl-lda	Property	Date of

Acadeland .	and ald a		hamialda	Data of	
accident,	suicide,	OF	hamicide	hard or	001

iere did (iijur)	(City or town)	(County)	(State)

tnjured	at home,	farm,	industry,	public	piace	(where?)	****
Means	of injury			-			

of injury	tnjured at work?

	- 23. SIGNATURE	7 Carr	apert
9		N	M. D. or other
	Addres / 64 x Xac	were I	Date signed

How long in hospital or institution?. 3. (a) FULL NAME 4. Sax 6.(b) Name of husband or wife 6.(c) If allve, give age ... 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: 9. Birthplace ... 10. Usual occupation 11. Industry or business 14. Maiden na: 14. Malden name. Address (month) (day) (year)

Date thereof ..

especially PLAINLY, is especially

WRITE

(Burial, eremation, or removal, Which?)

Cemetery or crematory

CERTIFICATE OF DEATH

1	53.4	per	W -
U	UL	0	2-3
Reg.	Dist.	No.	

	CERTIFICAT	E OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH: County A County C	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
	Male Mule Wignes	(hos up 18 45 12'30/
	6.(b) Name of husband or wife Anxia Datherine Leinewell The Gurger Bourger Bo	20. DATE DF DEATH COMMANY 19.7 at 2 MM 20.1 CERTIFY that death occurred on the date above stated; that altended deceased from 19.4 to the last saw here alive on 18.4 mm and that I last saw here alive on 18.4 mm and that saw here alive on 18.4 mm and that saw here alive on 18.4 mm
	11. Industry or business 12. Name Day Throw 13. Birthplace Commony 14. Maiden name Day Throw 15. Birthplace Germany	Diher conditions (Include pregnancy within 3 months of death) Major findings of operations. Dale of op.
	16. Information Glasles Q. Leineweber (Jon)	Antopsy results
	Address No. 8 Merusiale Cue, Merusiale in 17. (Entry), cremation, or removal. Which?) Cemetery or crematory Mod. 1 Oliver Elizabethy	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
1	Location Academico Mol. 18. Funeral director De Howard Evous	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
	Address 1400 of Charlist, Balto 30 ms. 18. 1-20 147 Dersteen (Date rec'd by registrar) Registrar	23. SIGNATURE Date SIGNATURE M. D. OFFICHER Addross Date Signed 1 fr. 1 1991

VS Alb 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 N rect age

WRITE PLAINLY, WITH UNPADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

Address

19 (Date rec'd by regionar)

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
July 1	ruder 3. (b) Social Security Number
4. Sex Mule 5. Color or race 6.(a) Single, marry widowed, or divorced While 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Dec 28 187 8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw h
9. Birthplace Town county, and state 10. Usual occupation of the desired occupation occupation of the desired occupation	neoplassing disease of biling 5 mg
11. Industry or business / aval cleudency compared to 12. Name	Diher conditions and mayness. Operations (Include pregnancy/withing months of leath) Major Stadiogs of operations.
16. Informant april left by descased Address Colon apple Mg;	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following.
17. (Burial, cremation, or removal, Which?) Cematery or crematory Location Location Date lhereof. (month) (day) (year)	Accident, suicide, or homicide
10 Europe director John M Jay Cer. Some	Means of Injury Injured at work?
18. Funeral director	

Registrar Address.



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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			and the		
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			CERTIFI	CAI	E OF DEATH	Reg	. Diat. No	
1. PLACE OF DEATH: county Anne Arundel				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	F DECEASI	ED:		
City or town North Linthicum (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Few Hours				State Maryland co City or town Paltinore (If outside city or town limit				
Hospital, Institution, or str	eet address where	death occurred	•	**********	(If rural, giv	larles LOCATION Var 11	St.	
How long in hospital or ins	tituiton?		***************************************		2.(d) If veleran, name war			
3. (a) FULL NAME						3. (b) S	ocial Security	Number
	S.	ALVADO	DRE A. MARCE	LLIN	10	214	20 35	91
4. Sex 5.	. Color or race	6.(a)Single	, married, widowed, or divorced	11	MEDICAL C	ERTIFIC	CATION	About
No. Lo	TETT		14					
Male	White	1 2	Single		20. DATE OF DEATH January	<u>_</u>	19.4	at @ a.QQ.A.M
6.(6) Name of husband or v	wife				21. I CERTIFY that death occurred on the date at	ove stated; th	at I attended dec	eased from
					19	to		19
7. Birih date of		6. (c) If alive, give age	years	and that I last saw halive on			19
deceased (mo., day, yr.)	Decemi	ber 21	1924		Immediate cause of death			DURATION
8. AGE: Years	Months	Days	If less than one day		Cuchal Xemah	Loge	/	, John Marian
22	0	9	hrs.	min.	(Restued manie	glala	stuy	Ludder
9. Birthplace			(d tate) lper		Fracture of sk	ull		Sudden.
10. Usual occupation			ydocks		Due to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***
置 12. Name J OS	eph Ma	rcelli	no		Dther conditions			***************************************
		io Ita	Russo		(Include pregnancy within 3	months of det	sth)	
H 14. Maiden name					Major findings of operations			
≥ 15. Birthplace	Tel	rmio,	Italy		***************************************		Date of op	
16. Informant	Joseph	Marce	llino		Autopsy results			
101 11101111111111111111111111111111111			reet. Balto	. Md	PHYSICIAN: Please underline the cause to v	which death sh	outd he charged	
Rurial Date thereof (month) (day) (year) Cemetery or crematory Most Holy Redeemer			47 ir)	22. VIOLENCE: If death was due to external ca Accident, evicide, or homicide. Where did injury occur? M. Z. L.	ent unis (Date of	1/40 md. (State) //	
Location Baltimore Ide					Injured at home, farm, Industry, public place (where?)	end of tab	mel.
20011011	Jan	F /	(Levely		Means of Injury Ill Remove stars	oux. Inte	ured at work?	No
19. Funeral director.				0. + 3		1. 8.	.1	
Address / 3		6	W. Helre	-2	23. SIGNATURE Suchad Frame	arps .	M. D.	or other
19. ————————————————————————————————————					Address Islew Busnie.	med	Date signed	1/1/67

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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200	200
Reg Dist	No 28

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	County are a recedel.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
die	Cily or town	State Mary County County
nd	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
y an	Hospital, institution, or street address where death occurred:	
earl		Street No
ਹ	How long in hospital or institution?	2.(a) It veteran, name war.
ath	3. (a) FULL NAME	3. (b) Social Security Number
f dea		Memar.
s of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
use	T. W. Willow	20. DATE OF DEATH January 28 1947, 2160, 1991
ca	6, (b) Name of husband or wife Charles It. McKemas S	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
the	6.(c) If alive, give age	Trefust 1945 10 faco, 28 1847
ite	7. Birth date of deceased (mo., day, yr.) fune 5 = 1878	and thal I last saw h
WI	8. AGE: Years Months Days It less than one day	Immediate cause of death
ass	68 7 0hrsmin.	827
ple	Pilatura - Person	- Kelbertoneon.
18:	9. Birthplace	Due to.
ciar	10. Usual occupation Housewife.	Due to.
Physicians	11, Industry or business	DUE 10.
Ph	12. Name Georges 1. Juenbough.	Other conditions
nt.	13. Birthplace Tracyland.	
rtant	14. Maiden namerruma C. masshera.	(Include pregnancy within 3 months of death)
impor	5 15. Birtholace Zuanelland.	Major fiudings of operatious.
y in	The Day of Take Jeggeness	Date of op.
ecially	16. Interment A. A. Seraran Jah ar - Bell, 7	Autopsy results
bec	Address 3 07 - Starfer Fare at 12 11/1/19	22. VIOLENCE: If death was due to external causes, fill in the following:
es	17. Date thereot (month) (gay) (year)	Accident, suicide, or homicide
is	Cemelery or crematory. Balder Mr. Noules of Mac	Where dld injury occur?
	Location Crieble use Ecc 10/2	Injured at home, farm, industry, public place (where?)
	11 10 9 1 + 6 h : c 6 1/2.	Mesns of Injury Injured at work?
11.0	18. Funeral director And June 1997	1 - ND 1 k.1
1.9	Address Capilliangle Mid	23 SIGNATURE Seestaal Atachenfred -
-	10 1/29. 47 6 E.7. Joyce Nocal	M. D. or other
	(Uate rec'd by registrar) Registrar	Address Film / Selling Ma. Date signed / 34/4)

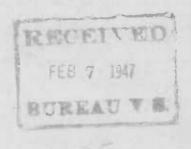


CERTIFICATE OF DEATH

		14		480
40	178	U	V.	190
				170
	Reg.	Dist.	No.	1

		CERTIFIC	ALE OF DEATH Reg. Dist. No.	1
How long in above place of Hospital, institution, or s Crownsvill How tong in hospitat or it 3. (a) FULL NAME	rille Stat Sville, M side city or town li death? 17 m treet address where Le State H	e Hospital [aryland mits, write RURAL and give nearest town) conths 2 days death occurred: cospital conths 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County ? City or town ? (If outside city or town limits, write RURAL and give Street No. ? (If rural, give LOCATION) 2.(a) If reteran, name war.	
	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male		Married		
Wale	Negro	Married	20. DATE OF DEATH. January 23, 19.4	7 at 3:32 A. N
7. Birth date of			years and that I last saw him alive on January 22	y 23, 1847
deceased (mo., day, yr.		Days If less than one day	Immediate cause of death General Arterioscler	OSIS DURATION
8. AGE: Years 80 (?)	Months ?	Pays If less than one dayhrs.	mìn.	Known to us since
9. Birthplace	Virgir (Town,	ia (?) county, and state)	Due to	August 21 1945
10. Usuat occupation 11. Industry or business	Farmer		Due to	
	John Me	rris	Other conditions Senile Psychosis	Known to
12. Name			Diher conditions	us since
	Virgini		(Include pregnancy within 8 months of death)	8/21/45
王 14. Maiden name	Eliza :	2	Major findings of operations	0/21/4)
14. Maiden name	Virgini	la	Date of op.	
	nital Reco	ords Crownsville State		
			PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.
		ownsville, Maryland	22. VIOLENCE: if death was due to external causes, fift in the following:	
Burial, cremation,	.Q	Date Ihereof (month) (day) (year)	Accident, suicide, or homicide	
		Cemetary	Whers did injury occur?(City or town) (County)	(State)
Location Crown	sville, M	aryland	injured at home farm, Industry, public place (where?)	
18. Funeral director	61.		Msans of injury Injured at work?	
Address	orfry	will My	23 SIGHATUME MAN	JANG.
2/5.	149	5-740000 Vac	M	
(Date rec'd by regi	strar)	Regis	otrar Address Crownsville, Maryland Date sig	ned 1/23/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

103

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county anne Crembel	(For newborn infants give residence of mother)
ily or town wiley they hts -f.O. Islew But (If outside city or town linits, write RURAL and give nearest town)	County State Vica March County Clark
	City or town P. C. Islew Burnel,
ow long to above place of death?	(If outside city or town limits, write RURAL and give mearest town)
ospital, Institution, or street address where death occurred:	Street No. Carley Reights. (If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME BARLH JANE-NORWO	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. Widow	20. DATE DE DEATH Jenuary 3 4 1947, 21 5 7
It Meny Henry honos	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Name of husband of wife	19 19
Birth date of	years and that I last saw halive on
deceased (mo., day, yr.) Track - 7 - 1864	
3. AGE: Years Months Days If less than one day	Immediate cause of death DURATE
\$2 \$ 25hrs.	
Fernound, maryland	Due to
9. Birthplace Turning (Town, county, any state)	denelty
10. Usual occupation Housewife	Due to
11. Industry or business	
12 Name Seeviges Royfield	Dther conditions
12. Name Leverge Royfield 13. Birthplace Mostryland	
	(Include pregnancy within 3 months of death)
14. Malden name Wasy II - Food 15. Birthplace Wasyland.	Major findings of operations
El 15. Birthplace	Date of op.
16. informanders. Wm. dvid horsewood	Actorsy results
Address Masley seaghts, P.O. Islew Tour	no,
Burial Bate thereof Jan 6-4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, ore-moval, Which?) (month) (day) (year	Accident, suicide, or homicide
Cemetery or crematory tarry h 2 cm	Where did injury occur?
Location farment had.	injured at home, farm, industry, public place (where?)
B. 1 (2 1	Meens of Injury tnjured at work?
18. Funeral director	1 - 200 1 2.1
Address 3603 Belan Ro.	123 SIGNATURE Servelove A Carekers Miles
Jan. 4 1047 R. W. Hedre	estacting medical camers M. D. or other
	gistrar Address Allew Susuel Man Date signed 77

MARGIN RESERVED FOR BINDING

VS A15

WRITE

EASE

1. PLACE OF DEATH: Anne Arundel

Hospital, Institution or street address where death occurred:

West Street Extended Mrs. Charles E. H

43-45 Northwest Str

Unknown Lillie Parker

122 South Street

(Burial, cremation, or removal, Which?)

How long in above place of death?.....

How long in hospital or institution?.

3. (a) FULL NAME Mary

6.(b) Name of husband or wife

deceased (ma., day, yr.)

Years

4. Sex Female

7. Birth date of

8. AGE 86

9. Birthplace

10. Usual occupation....

11. Industry or business

12. Name

14. Maiden na 15. Birthplace 14. Maiden name.

> Address Burial

Cemetery or crematory

(Date rec'd by registrar)

18. Funeral director

Address

13. Birthplace

Annapolis (If outside city or town limits, write RUR.

MARYLAND STATE DEPARTMENT OF HEALTH

		CERTIFICAT	E OF DEATH		Reg. Dist. No	3//	
Annapolis side city or town limits wite RURAL and give nearest town) death? rect address where death occurred: Li Street			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Maryland State County Annapolis (If outside city or town limits, write RURAL and give nearest town) 122 South Street (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number				
Elizabeth	Parl	cer					
Colored		e, married, widowed, or divorced	20. DATE OF DEATH	Lan 2		7 155P	
wite	n Parl	e) If alive, give ageyears	21. I CERTIFY that doubt occur	alive on Jaco	ted; that Lattended de	> 9 19 4 7	
Months est River	Days	If less than one day	Carrio Va	10	ilun	about 2W	
Housewife None David Unkno	Lee wn	state)	Due for Certa Due for . My Other conditions	ni fels	vois Vis	Orwersly	
Eliga F	rankli	n		egnancy within 3 months			
Unknown			Major findings of operations.				
llie Park	er	***************************************	Autopsy results				
South St	reet		PHYSICIAN: Please underlie			ed statistically.	
r removal, Which?) Brewer	Date ther	2-2-1947 (month) (day) (year)	22. VIOLENCE: 11 death was Accident, suicide, or homicide. Where did Injury occur?	***************************************	Date of	(State)	
t Street	Extend	ed	Injured at home, farm, Industr			,	
Mrs. Char	les E.	Hicks	Means of injury		Injured at work?		
-45 Narth		***************************************	23. SIGNATURE.	lean 1	une	?	
(tran) 19. 4.7	/	1 - 1, guill	Address Here	abblis me	W	D. or other	



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DURATION ais case Thyrestens

(Include pregnancy within 3 months of death)

PHYStCIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide.....

Whera did Injury occur? (City or town) (State)

Injured at home, farm, Industry, public place (where?)

Major findings of operations.

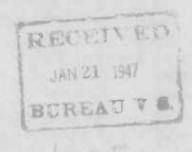
Injured at work? Means of injury

5- Bornuch. Me 23. SIGNATURE.....

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RINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

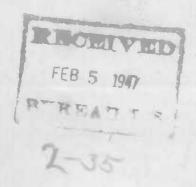
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne - Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Odenton (If outside city or town limits, write RURAL and give nearest town)	State Mary land county Anne-Arundel
(If outside city or town limits, write RURAL and give nearest town)	City or town Oden to (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 Ye ar 5	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Meuada Ave + 4th Street (If rural, give LOCATION)
	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Willie Ells worth Phelps 4. Sex 5. Color or race 6. (a) Single, married, widowed, for divorced	217-14-0326
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. JAMVANY 21 19.47 at
6.(b) Name of husband or wife Daisy Viola	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	January 4 1847 10 January 21 1847
7. Birth date of	and that t last saw h 1 m alive on January 19 18 47
deceased (mo., day, yr.) October 1 1882	Immediais cause of death
8. AGE: Years Months Days It less than one day	Brancha pnoumonia- Hyphostatic 10 days
64 2 23	
9. Birthplace Odenton - Anne-Arundel Maryland (Town, county, and state)	Due to Rhoumatoid Arthritis 18 Months
10. Usual occupation Painter	
	Due 10
11. Industry or business	(l'al A de la calavació
E 12. Name Byron Pholps	Other conditions GPneralized Anterio-scherosis
\$ 13. Sirthplace Odenton - Anno-Arundel-Maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name Ella Bentz	
15. Birthplace Bd Himore Mayland	Major findings of operations.
	Date of op
16. Informant Daisy Viola Phelps	Antopsy results
Address Meuada Aue + 4+1 Street - Odonton Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
Busical Date thereof Jan 24-1843	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Michael Aleganda	Where did Injury occur?
Location Delanters Upon WW, O	Olyjured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	
Address Laurel . 211 do.	23. SIGNATURE Educard 9 Chemith My. D.
Jan 23 47 Colore Hopelile	11. 5. 6. 6. 6. 6.
19. (Date rec'd by registrar)	Address Gambrills Mid Date signed 211an 47



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

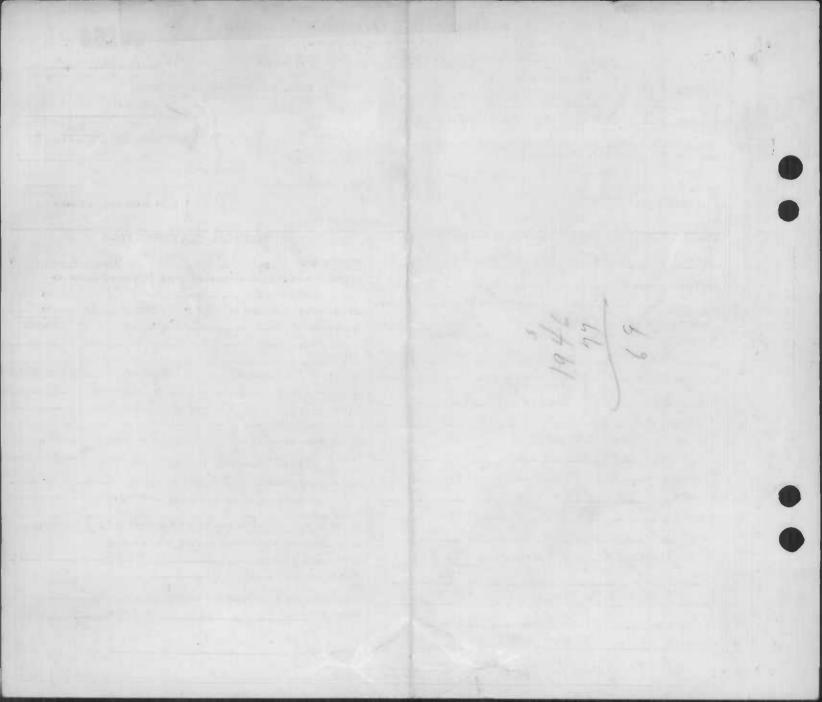
City or town(I How long in above pla Hospitat, Institution,	e Arundel Odenton M foutside city or town	death occurred	***************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Manyland County Anne Arndel City or town Odenton Md. R. F. D. 4 1 Rox 1-38 (If outside city or town limits, write RURAL and give nearest town) 1-38 Street No. Old WPSCA Dight of Way (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NA					3. (b) Social Security	Number	
		Milton	Routzahn e, married, widowed, or divorced		220-16-816	1	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL (CERTIFICATION		
Male	White]	Married	20. DATE OF DEATH JAMUA - 4	3.0 19.4.7	at 1:30 P	
7. Birth date of deceased (mo., day 8. AGE: Ye.	еу	6. (E. Routzahn c) If alive, give age 60 years 5, 1881 If less than one day min.	21. I CERTIFY that death occurred on the date a January 29 11 and that I last saw h. L.M. alive on Jalumediate cause of death Corona.	20, 10 Januar 20, 10 Januar 21, 10 Januar 21	7.20.19.4/9. 19.4/7. DURATION 24.4/~ 20.	
9. Birthplace Payton Ohioa (Town, county, and state) 10. Usual occupation Manager Post Exchange # 9				Doo to Rheymatic Hear		10425	
11. Industry or busin						***************************************	
12. Name	Nartin		ahn ederick Co. Md.	Diher conditions (Include pregnancy within a			
14. Maiden nam	. Corneli		fenberger erick Co. Md.	(Include pregnancy within a			
16. Informant Mrs. Florence E. Routzahn Address Odenton, Md. E. F. D. 17. Rurial Date thereof Feb. 3.1947 (Burlal, cremation, or removal. Which?) (month) (day) (year)				Autopsy results			
				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Cemelery or cremalory Trinity Church yard Location Patuxent, Md.				Whera did Injury occur?			
Location	Thomas	65,	Binglelow	Injured 2t home, farm, Industry, public place (Means of Injury	where?)		
Address 19. Folt. (Date rec'd by	Glen '194-7		e, Md. Rocalba Registrar	23. SIGNATURE Edward 9 Chemit M. D. or other Addrass Gambrills, Md Pale signed F. D. 1.194.			



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		23	E.E.	1	Q:	430
		74-			Mr.	ж.

2411 N. Cha	rles St., Baltimore			
CERTIFICA	TE OF DEATH Reg. Dist. No. 21			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)			
How long In hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME Pohn B. Sch 4. Sex 5. Color or race 6. (a) Single. married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION			
male while dinorced	20. DATE OF DEATH 1 25 47 19 21 7 8.M			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46. to			
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one dayhrs	and that I last saw h s. Ma. alive on			
9. Birthplace Many dunty (Towns obunty, and state) 10. Usual occupation Cellife (L.)	Due to Automophis the hardis - 10 gra.			
11. Industry or business 12. Name Unik provid	Other conditions			
13. Birthplace Mulenown 14. Maiden name Mulenown	(Include pregnancy within 3 months of death) Major findings of operations.			
16. Informant Douise De Baker	Actors results			
Address Stephaned States, Classiff of the Complete of Caponthine (caponthine) (capo	'22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Location Escal of Months and	(City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?			
Address 9/5 Bight St. 19. (Date free'd by registrar) 19. (Date free'd by registrar)	23. SIGNATURE J. Brady June 14 M. D. or other Address Rivera Beach Mil. Date signed 1. 127/47			



2411 N. Charles St., Baltimore

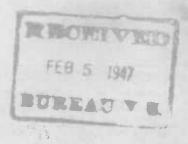
	CERTIFICA	TE OF DEATH CORE, Dist. No	42
County	RURAL and give nearest town) ed: crection	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City or town. Baltimore (If outside city or town limits, write RURAL and give no street No	earest town)
James H. Smith		3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Sin	gle, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White	?	20, DATE OF DEATH January 12, 19 47	14:45 Am
6.(b) Name of husband or wife. Unknown 7. Birth date of	(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dec January 12 19.47 to Januar and that I last saw h imalive on January 12	eased from
deceased (mo., day, yr.) 8. AGE: Years Months Days	If less than one day	Immediate cause of death Exhaustion	DURATION
62	hrsmin.		6 days
9. Birthplace Not known (Town, county, and 1D. Usual occupation		Due to Starvation - due to actual Due to. Due to.	several weeks.
Unknown 12. Name Unknown 13. Birthplace Unknown		Dther conditions	
E 14. Normanne Unknown		(Include pregnancy within 3 months of death) Rajor findings of operations None	
16. Informant Centes of Md 20 Address - See V	mod 2, 1947 month (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County)	d statistically.
Location Location 18. Funeral director 2007	md refers	Injured at home, farm, industry, public place (where?)	
Address lssuft 19. 47	Olara Hasluf	9 12 Ha Vonn 1	of other 12/

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correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and egibly.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

- CERTIFICAL	IE OF DEATH Reg. Dist. No	<i>d</i> -1
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State maruland County a a-	
(If outside gity or town jimits, write RURAL and give nearest town)	10. salely	
How long in above place of death? 26 Charp	(If outside city of town limits, write KUKAL and give near	est town)
Hospital, institution, or street address where death occurred:	Street No. 33 Colect	
33 4000	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME abraham Snyler	3. (b) Social Security N	lumber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
en w married	2D. DATE OF DEATH Jan 17 19.47	11 7 x a 11
Watalda Sandes	21. I CERTIEX that death occurred on the date above stated: that I attended decea	
6.(b) Name of husband or wife	Jon 19 40 10 Min!	
7. Birth date of	and that last sow h Ann alive on Jose / Co	
deceased (mo., day, yr.) Wear 17- 1875		DURATION
8. AGE: Years Months Days It less than ono day	Immedia; cause of death Mysocordites (Qu)	7 years
min.	PH. Vempleai	She u-
Pussia		
9. Birthplace	Que to arterrales	als
10. Usual occupation Pelistel		
e/ai/	Buo to	
11. Hiddsiry of admires	Che nesturo	the war
12. Name It formation Any der	Other conditions.	- of the house
	(Include pregnancy within 3 months of death)	
14. Malden namo. Man Alla Colore	Major findings of operations.	
TO W 15 Righthologe	major maings of operations. Date of op.	
Samuel Smeder		
16. Informane	Antopsy results	itatistically.
Address 33 Mich of anisio folia and	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
17 (Murial granation or removal Which?) (month) (day) (year)	Accident, suicide, or homicide	
Wareth Magal	Where did injury occur?	**** **** ************
Cemetery or crematory		(State)
Location Juste mile 55K	Injured at home, farm, industry, public place (where?)	,
18. Funeral director B & Happins & Nox	Means of Injury Injured at work?	
Address /40-172 10 est Colomosolos on	23, SIGNATURE Large CBoul	
19 Jan 18 19 47 Material Devices	Address aupreli ha Date signed.	



	E OF DEATH Reg. Dist. No. 2
A. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced S	MEDICAL CERTIFICATION 20. DATE OF DEATH TO THE STATE OF
8. AGE: Years Months Days If less than one day 9. Sirthplace	21. I CERTIFY that death occurred on the date above stated: that Last new homes alive on the date above stated: that Last new homes alive on the date above stated: the last new homes alive on the date above stated: I mmediate cause of death DURATION Due to Carphy at the day of an alive of the date above stated: the day of the date of op. Major findings of operations.
Address 17. Hurlist, cremation, or removal Which?) Cemetery or crematory Location 18. Funeral director Address / 0 - / 7 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Autopay results PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefult. The correct age is especially important. Physicians: please write the causes of death clearly and begibly. MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

	V39	63(10)	SECTION OF
	- U.	U.S.	NY
Reg.	Dist.	No.	1-0

CERTIFICAT	TE OF DEATH Reg. Dist. No.	28
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Laryland County Prince George CO (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Negro Narried	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 10, 1947 19	
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended and that I last saw her allye on January 10. Immedia: cause of daath. Tuberculosis of Lun Oue to.	ey. 10. 19.47. 19.47. 19.47. URATION Known to us since
11. Industry or business 12. Name Frank Beverly Shankley 13. Birthplace Unknown Rose Riley	Other conditions Schizophrenia (Include pregnancy within 3 months of death)	Known to us since Jan.27,
14. Maiden name. 15. Birthplace Unknown	Major fiedings of operations. Oate of op. Actorsy results.	2
Address 17. Burial Date thereof 2 - 47 (Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be ch 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Hospital Cemetary Location Crownsville, Karyland 18. Funeral directory Address Tela 5 25 Et Jayer Cora	Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Meens of injury 23. Signature Address Crownsville, haryland. Date s	Lavel M. D. or other

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9-45-15M PLEASE A15 V.S

BALTIMORE	CITY	HEAL	TH.	DEPA	RTMENT
CEDTIE	A CT	TE	OF	DE	ATH

Registered No. 2

- neel	
PLACE OF DISTH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland Buckly	(a) State M. (b) County Anna arundel
(b) Street address 106 Mundel	R Alexander Control Control
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
	(d) Street No. 106 Curron Re
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. (If rural give location)
	(e) Citizen of foreign country? (Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME Richgeray Gorge Fflager	STERER
3 (b) If veteran, name war /3 (o) Social Security Account	MEDICAL CERTIFICATION
No. Mare	20. DATE OF DEATH / 1947 at 9 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattend-
mal while divorced.	ed deceased from and 16 19, to Fent 19 76,
6 (b) Name of husband or wife Lucia fle	and that I last saw h. A. alive on 1. 3 19 77.
6 (c) If alive, give age 4/ years	Immediate cause of death.
7. Birth date of deceased (mo., day, yr.) May 12.1899	myoray doal lactly
8. AGE: Years Months Days If less than one day	/ /
5482hr. min.	Due to office. Ungarander 6 mile
9. Birthplace Balking My	J
(Town, county, and state)	Due to Will Wisher ons
10. Usual Occupation The rele by golding	
11. Industry or business	Other Conditions
# 12. Name Vin A. Preger	(Include pregnancy within 3 months of death) PHYSICIAN
13. Birthplace Bulking Hed	Date of operation
	Major findings of operation: cause to which
14. Maiden Name Woorfut Megrudles	death should be charged statis-
15. Birthplace Daffrupre 14	of autopsy: tically.
16 (a) Informant Mr. Lucia Heger	22. If death was due to external causes, fill in the following:
(b) Address 106 Church ff	(a) Accident, suicide, or homicide
17 (a) Buria (b) Date the prof Jan 19 194	Date of occurrence at M
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (County) (State)
(c) Cemetery or crematory Hollows	(d) Did injury occur about home, on farm, industrial place, in public
Location as 18pm 19pl	place? While at work? (Specify type of place)
18 (a) Funeral director / Sertramo Torz	
(b) Address 224 A Charles St	(e) Means of injury
1/11/11/ 11/2	23. Signature M. D.
(Dayle rec'd by registrar)	Address Date signed 11/4

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.	0 2	
Reg. Dist. No.	25	

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)	ED:
		State Maryland County Anne Arundel		
City or town Jessups Maryland (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?2			City or town Jessups, (If outside city or town limits, write RUR.	
Maryland Hou	s where death occur	red: orrection		Correction
How long in hospital or institution?			(If rurat, give LOCATtON)	
			2.(a) If veteran, name war	***************************************
3. (a) FULL NAME			3. (b) So	ocial Security Number
Ike Thomas	044	iasThompson)		
4. Sex 5. Color or	6.(a)Sin	gle, married, widowed, or divorced	MEDICAL CERTIFIC	ATION
MC			20. DATE OF DEATH January 25,	19 47 ,13:00 A
6.(b) Name of husband or wife	222	***************************************	21. I CERTIFY that death occurred on the date above stated: that	at I attended deceased from
		.(c) It alive, give ageyears	October 31 1946 , to 3	
7. Birth date of deceased (mo., day, yr.)	1866	, , , , , , , , , , , , , , , , , , , ,	end that I last saw h im_alive on January 2	
8. AGE: Years Month	Bays	tt less than one day	Immediate cause of death.EdemaofLune	Z.S DURATION
62	? ?			4=
	Own		. Anthnitia Chronic	~ £
9. Birthplace Not Known (Town, county, and state)		Spine-probably tuber		
1D. Usual occupation Laborer				
11. Industry or business	_		Due to	***************************************
單 12. Hame Not Kn	own		Diher conditions	
13. Birthplace Not K		000000000000000000000000000000000000000		
			(Include pregnancy within 8 months of dea	ith)
[E			Major fludings of operations NONS	
	t Known			late of op
16. Informant Maryland	House	of Correction	Autopsy results	
Address Jessups, Maryland			PHYSICIAN: Please underline the cause to which death sho	Alba all all all all all all all all all
13 . 0			22. VIOLENCE: If death was due to external causes, fift in the	
(Burial, cremntion, or removal. Which?) Date thereof. (month) (day) (year)			Accident, suicide, or hemtelde None	Date of
Cemetery or crematory Mothatt Constanting			Where did injury occur?(City or town) (C	County) (State)
Location Basimus And.			Injured al home, farm, Industry, public place (where?)	
12 07° 14 11.10.5 1			Means of Injury Injury	red at work?
18. Funeral director.		Starl At	20 11.	
Address 322 h Chronilar Act			23. SIGNATURE OUN /	seekh)
19 Jan 257 19	47 -	Clara Masluh	Ma House - 2 O.	M. D. or other
(lute rec'd by registrar) Registrar			Address Md. House of Correct	110 Taligned 1 / 45 / 4 /

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

, CERTIFICATI	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate. County City or town (If outside sity or town limits, while RURAL and give nearly (14wn)) Street No. 8. (If rural, give LOCATION) 2.(a) If yeleran, name war.
3. (a) FULL NAME Gannie Frances	Shorogood 3. (b) Social Security Number
Lemale White Midow Midowed, or divorced	OMEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 19 4 D. 10 20 15 19 4.7. and that I last saw h. 2. alive on
11. Industry or business 12. Name 12. Name 13. Birthplace 14. Maiden name Mary Stællungs	Other conditions
15. Birthplace & & Co Mdl. 16. Informant Lattice Thorogood Address 87 Pri Leo St. Comapeli, 79 &	Autopsy results
(Burial, cremation, or removal, Which) Cemelery or crematory.	Accident, suicide, or homicide
Address 19. (Dyte rec'd by registrar) Location Conglet Advance Conglet Registrar Registrar	Injured at home, farm, industry, public place (where?) Means of Injury Trijured at work? 23. SIGNATURE M. D. or other Address Date signed //6/47



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00.	Dist	No.	23

give nesrest town)

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charged statistically.

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2411 N. Charle	es St., Baltimore 170C
CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH And Street Advances County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eas-newborn infants give residence of mother) State
	y Tomasik 3. (b) Social Security Number
4. Sex 5. Color or ace 6. (a) Single, married, widowed, or divorced on the ongle	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 12 2 26 hrs. min. 9. Birthplace Schwol Manyland 10. Usual occupation. 11. Industry or business 12. Name Days and state 13. Birthplace Schwol 14. Maiden name Schwol Manyland 15. Birthplace Alebron, Manyland 16. Birthplace Alebron, Manyland	21. I CERTIFY that reath recorded on the stock to start the start and the stock of the start and the
Address Severa P.O., Marifard 17. (Burial, cremation, or removal, Whitch?) Cemetery or crematory Location 18. Funeral director	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistical 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Means of injury Means of injury
19. Jaunary 1947 My Patra. Registrer	23. SIGNATURE AM M. D. OF OTHER Address Amabolus, M. D. or other Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

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/			arles St., Baltimore 97 ATE OF DEATH Reg. Dist.	30
	e Arundel		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	No.
How long in above place Hospital, institution, or Crow	ot death? 3 mo street address where t msville St	, 20 days	City or town Baltimore City (If outside city or town limits write RURAL an Street No. 602 (If rural, give LOCATION)	d give nearest town)
How long in hospital or	***************************************	mo. zo days	2.(a) It veteran, name war	
3. (a) FULL NAM!	e ONEY – JAL	ŒS .		Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATI	ON
Male	Black	Widower	2D, DATE DF DEATH January 9,	19 47 , 4:50
	or wife	liza Jane	21. I CERTIFY that death occurred on the date above stated: that I attended to the state of the	ended deceased from
7. Birth date of deceased (mo., day,)		Lan. 23, 1880	and that I last saw h im alive on January 9,	19 / 1
8. AGE: Years		Days It less than one day	= Immediate cause of death Psychosis with General	DURATION
65 ?		hrsn		to us
9. Birthplace	South Carol	line	Due 10	since
	U armen	county, and state)		admis
1D. Usual occupation			Due 10	
11. Industry or busines	agis o	Tomopey	Dther conditions	
≦ 13. Birthplace	J. Jan	1, 1, 1,	(Include pregnancy within 3 months of death)	
14. Maiden name.	Sout	h Carolina	Major findings of operations	t op.
	Hospital Re	ecords	Antopsy results	e charged statistically.
Address	Promsville	, Maryland	22. VIOLENCE: Il death was due to external causes, till in the tollow	
11 Burn	al of	Date thereot 12194	Accident, suicide, or homicide	
	or removal. Which?)	(month) (day) (year)	Whore did lainry 'necur?	
Cemetery or cremate	oryf.ce	· / ()	(City or town) (County	(State)
Location		21 . 11 62	Means of Injury	work?
18. Funeral director	neo. Lsu	Of still Gre	Seal Mari	Alexander
Address 60	1947	Howish Regist	Address Crownsville, Maryland	M. D. or other 1/10/4

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CERTIFICATE OF DEATH

			20	
Reg.	Diat.	No.	20	

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (if gotside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County County City or town
4. Sei S. Color or race S.(a) Single, married, widowed, or divorced Assign	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 1 2 10 47 and that I last saw h. Acc. alive on 20 19 47 Immediate cause of death
9. Birthplace	Over 10. Our 1
11. Industry or business ## 12. Name	Diher conditions
15. Birthplace mary land 16. Informant Rules & F. Tydings Address is avidsonucle, and	Majur findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory	Accident, suicide, or homicide
Address 2777 apa Co. 27 Elway Collemba. 19 Jan. 29 19 47 Elway Collemba. Registrar	23. SIGNATURE J. Bossede New D M. D. or other Address Aunapoles New Date signed 1/2874)

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: phease write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

PLACE OF DEATH: County. A.A. County. A.A. County. A.A. County. A.A. County.				
State Maryland County Asaba. State Maryland Maryla		2. USUAL RESIDENCE (HOME) OF DECEASED:		
Respital politicities of street address where death occurred: Edgewater	County	3/2		
Respital politicities of street address where death occurred: Edgewater	City or town Edgewater			
Respital politicities of street address where death occurred: Edgewater	15 Tear's	City or town Edgewater (If outside city or town limits, write RURAL and give nearest town)		
Size Second Sec	Hospital, Institution, or street address where death occurred:			
3. (a) FULL NAME Moria Lee . Walker 1. Solor or race S. Color o				
4. Sex S. Color or race S. Colosingia. married, widowed, or divorced M. Sighte S. Color or race S. Colosingia. married, widowed, or divorced M. Sighte S. Color or race S. Color	How long in hospital or institution?	2.(a) If veteran, name war		
4. Set S. Color or race	3. (a) FULL NAME	3. (b) Social Security Number		
B.(b) Name of husband or wife. 8.(c) If alive, give age 8. AGE: Years Months 9. Birthplace. Edgewater, Md. (Town, county, and state) 10. Usual occupation. Edgewater Maryland 11. Industry or business 12. Name Thomas W. Walker 13. Birthplace Maryland 14. Maiden name. Maior Sindhare Maryland 15. Birthplace Maryland 16. Informant Maior Amenda C. Lee 16. Walker Maryland 17. Burial Generation, or removal. Which) Deemetery or crematory. Hope Chapel Location Edgewater, Maryland. 18. Funeral director B. L. Hopping & Son Address Annapolis, Md. 19. Town 17. B. L. Hopping & Son Address Annapolis, Md. 19. Town 17. B. L. Hopping & Son Address Annapolis, Md. 19. Town 17. B. L. Hopping & Son Address Annapolis, Md. 20. Date De Eath, Mullich) 21. Location is death secured on this date above sizings. Md. Millich) 10. Usual occupation. 11. Location is death accordance on the date above sizings. Md. 11. Contribute begans of the date above sizings. Md. Millich) 12. Location is death accordance on the date above sizings. Md. Millich) 13. Birthplace on Millich is death accordance on this date above sizings. Md. 14. Maiden had a date above sizings. Md. 15. Birthplace on Millich is death accordance on the date above sizings. Md. 16. (Town, county, and state) 16. (Town, county, and state) 18. Indicate of husband on the date above sizings. Md. 19. Town indicate on this date above sizings. Md. 19. Town indicate on this date above sizings. Md. 19. Town indicate on this date above sizings. Md. 10. Usual occupation. 11. Indicate on this date above sizings. Md. (Include pagemancy within accounts of data.) 12. Usual occupation. 13. Birthplace on the date above sizings. Md. 15. Birthplace on the date above sizings. Md. 16. (Town, county, and state) 1	Walker Walker	212_18-4137		
8. (b) Name of huaband or wife 8. (c) If allive, give age 9	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
8.(b) Name of husband or wife. 7. Birth date of cecased (no., 497, 77) 8. AGE: Vears Months 8. AGE: Vears Months 9. Birthplace Edgewater, Md. 10. Usual occupation. 11. Industry or business 12. Name. Thomas W. Walker 13. Birthplace Maryland 15. Birthplace Maryland 16. Industry or business 17. Birthplace Maryland 18. Industry or business 18. Birthplace Maryland 19. Birthplace Maryland 20. Violence: If death was due to external causes, fill in the following: 19. Birthplace Maryland 20. Violence: If death was due to external causes, fill in the following: Maryland 20. Violence: If death was due to external causes, fill in the following: Maryland 20. Violence: If death was due to external causes, fill in the following: Maryland 20. Violence: If death was due to external causes, fill in the following: Maryland 21. Industry Maryland 22. Violence: If death was due to external causes, fill in the following: Maryland 2	M W Sighte	(10 11 a 14)		
8. 6(c) Halive, give age 8. 6(c) Halive, give age 9. 18				
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Burial 17				
Cemetery or crematory Hope Chapel Location Edgewater, Maryland. 18. Funeral director B. L. Hopping & Son Address Annapolis, Md. 19. Jan. 17, 19, 47 Edward Collenson 19. Jan. 17, 19, 47 Edward Collenson		22. VIOLENCE: If death was due to external causes, fill in the following:		
Location Edgewater, Maryland. 18. Funeral director. Address Annapolis, Md. 19. Jan. 17, 19 47 Edward Collenson 19. Jan. 17, 19 47 Edward Collenson	(Burial, cremation, or removal, Which?) Date Iherest (month) (day) (year)	Accident, suicide, or homicide		
18. Funeral director. B. L. Hopping & Son Address Annapolis, Md. 19. Jan. 17, 19. 47 Elevan Collenson 19. Jan. 17, 19. 47 Elevan Collenson	Cemetery or crematory Hope Chapel	Where did injury occur?		
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Address Annapolis, Md. 19. Jan. 17, 19. 47 Edward Collenson 23. SIGNATURE LLOW M. D. or other		Means of Injury Injured at work?		
19 Jan. 17, 19 47 Edward Collenson		(la Mai (11 shorm ())		
	19 Jan. 17, 19 47 Edward Collens	M. D. or other		

TARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefully. We correct it. Physicians: please write the causes of death clearly and legibly.

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PLEASE

MARGIN RESERVED FOR BINDING

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Fort George G. Meade, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 Days	State District of Colum County City or town Washington 19 (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred: Station Hospital	Sireet No. 5041 Just Street, N. E. (If rural, give LOCATION)
How long in hospital or institution? 8 Days	2.(a) If veleran, name war. World War I
3.(a) FULL NAME CHARIES S. WASHINGTON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Negro Married	MEDICAL CERTIFICATION 755 PM 20. DATE OF DEATH 29 JAN 1947 2(1955)
6.(b) Hame of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 47 to 29. Jan. 19. 47.
No.	Immediate caose of death DURATION Cardia resperatory Jacleura
9. Birthplace Canton, Illinois (Town, county, and state) 10. Usuat occopation. Unemployed 11. Industry or business 12. Name	Due to. Uroma 3 days Due to. Terminal a Glovenulo-rephrelis Other conditions.
11. Maiden name.	(Include pregnancy within 8 months of death) Major findings of operations. None
16. taformant Medical Records	Actopsy results Confirmed
Address Sta Hosp, Ft Geo G Meade, Md. 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Cemetery or crematory	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. V10LENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location attended to the state of the state	thjured at home, farm, industry, public place (where?) Means of injury thjured at work? 23. SIGNATURE M. D. or other
19 30 January 19 47 Comment of Marian (Date rec'd by registrar) BERNARD F. KERWIN, Capt, Registrar	hi (240 - 0 - 26 d) 30 h 42



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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
Row long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Now long in hospitat or institution?	(If rural, give LOCATION)
3.(a) FULL NAME	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorded	220-18-9735
wole white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Year > 10 4 F 11/2:30 FM
6.(b) Hame of husbaod or wife Sand Ja	21. I CERTIFY that death occurred on the date above stated; that I at leaded deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 22 - 1872	and that I last saw h alive on have 12 18 4 7
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION JURATION JURATION
a Richard Marion Md,	Due to.
(Town, county, and state)	
11. Industry or business	Gue to
12. Name Stephen Withing to	Other conditions
14. Malden name Riga Jane Handy 15. Birthplace Marian Rud.	(Include pregnancy within 8 months of death)
15. Birthplace Marion rud.	Major findings of operations
16. Informant Mu, Va 4 ishes	Autopsy results
Address Dave - 17 Burial Date thereof Jan 5th 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremetion, or removal, Which?) Cemetery or eremetery. St. Pauls	Where did injury occur?
Location Marion Md.	injured at home, farm, industry, public place (where?)
18. Funeral director William Cook Juc	Means of injury Injured at work?
Address /2/7 St Paul St.	23. SIGNATURE Chas L. Sale Jo M. D. or other
19. (Date rec'd by registrar) Registrar	1

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VS A15 9.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

2 HOUAT DECIDENCE (LICARE) OF DECEASED

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF L	JEAIH:			(For newborn infants give residence of mother)	
County Anne	Arundel Cou	nty		State Karyland County Prince Geo:	raels
City or town Cr	ownsville, k	aryla	nd RURAL and give nearest town)		-
How long in above place of death? 4 months 10 days				City or town Brandywine (If outside city or town limits, write RURAL and give a	neare t town)
How tong in above pr	or street address where	death occurr	ed:		
	ille State H			Street No	200000000000000000000000000000000000000
			10 days	2.(a) It veteran, name war	
3. (a) FULL NA				3, (b) Social Securit	ty Number
(4)	Wills - Jan				
4. Se1	5. Color or race	6.(a)Sing	gle, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Negro	W	idowed	20. DATE OF DEATH January 10, 1947	, at
		Ilakno	wn	21. I CERTIFY that death occurred on the date above stated; that I attended do	sceased trom
				August 30 18 46 to January	10 1947
7. Birth date of		6.	(c) If alive, give ageyears		
deceased (mo., da	ay, yr.) 1880			and that I last saw h imalive onJanuary 10 Immediate cause of death General Arteriosclero	SIS DURATION
8. AGE: Yo	ears Months	Days	It less than one day	Tumbendra Fadec As Adams	Known
66	Unknow	m	hrsmin.		to us
	IIm less ours			Due to.	since
9. Birthplace	(Town,	county, and	l state)		admissio
10 Hourt econodist					August
				Ove to	30,1946
11. Industry or busi					20,1740
				Dther conditions	
	Unknown			(Include pregnancy within 8 months of death)	
W Maides no	Judity Ha	wkins			
14. Maiden na 15. Girthplace	Judity Ha		•••••••••••••••••••••••	Major fiediugs of operations	
≥ 15. Birthplace					
16. Informant	Hospital R	ecrods	3	Autopsy results	
Address			te Hospital, Md.	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
	0.20			22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
Buried	tion, or removal, Which?	Date the	(month) (day) (year)	Accident, suicide, or homicide	
			Bemetary	Where did injury occur?(City or town) (County)	(State)
					,
Location	Т. В. Ма	rryran	Q	Injured at home, tarm, Industry, public place (where?)	
18. Funeral directo	Huntt and	Ryon	,	Meens of injury	
				CALLY VI	
Address	Waldorf,	Maryi	and //	23. SIGNATION: LICENTAL VALORITORIA	rock
10 ///	(47	50	7, bosse o orse	M.	D. or other
(Date rec'd by	v registrar)	··· Co.	Registrar	Address Date sign	ed

JAN 13 1947 BUREAU T &

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00180

			CERTIFICA	IE OF DEATH	Reg. Dist. No	حکر	
1. PLACE OF DEA	TH: A. Count	У		2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:		
Clin or lown De	elmont S	tatio	n Severn Md.	State Maryland	State Maryland County A.A.		
(If ou	tside city or town ii	mits, write i	RURAL and give nearest town)	City or town Demont Sta	tion, Severn 1	vid.	
			4.	. (If outside city or town is	imits, write RURAL and give ne		
Hospital, Institution, or s	street aggress where	eain occure	9 ;		ation Severn	lud.	
How long in hospital or	Institution?		***************************************	. 2.(a) If veteran, name war			
3. (a) FULL NAME	ELIZ	ABETH	ZILISH		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a) Sing	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	-	
FEMALE	WHITE	WI	DOWED	20. DATE OF DEATH 4th. JA	NUARY 47	5:30	
6.(6) Name of husband o			Zilish c) If alive, give age	21. I CERTIFY that death occurred on the date	e above stated: that I altended dec	eased from	
7. Birth date of deceased (mo., day, yr.	77 /		1859	and that I last saw hallve on		. DURATION	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		BURATION	
87		6	··特格特特特米特特斯ml	1.			
9. Birthplace	Hungar	су	***************************************	Due to.	MINE.		
	(Town,		state)	A.		1/4/10	
10. Usual occupation		vile	<u>A.t</u>	Due to.	o la		
11. Industry or business	Home			107000		***	
12. Name	John S	Sheve	r	Other conditions		**	
	Hungar	Cy					
# 14. Malden name	Ünknov	vn .		(Include pregnancy withi			
14. Malden name	Hunga	arv		Major findings of operations			
			Blase		Date of op		
16. Informant				PHYSICIAN: Please underline the cause to	o which death should be charged	statistically.	
Address			a. Severn, Md.	22. VIOLENCE: If death was due to externa			
Burial Gremation	ıl	Date the	eof 7 Jan 47 (month) (day) (year)	Accident, suicide, or homicide			
	Ual (Cemetery /	11)		*********************	
Cemetery or crematory			ocine del 1	Where did injury occur?(City or tov		(State)	
Location	Maryla	and		Unjured at home, farm, industry, public place			
18. Funeral director.	4 13.0	Med	exact of Dog	Means of Injury	Injured at work?		
Address	F.B.WI	I PPER	T & SON		Coleman	de	
19. Date rec'd by regi	1947	WATUE	PLACE17	23. SIGNATURE	M. D. Date signed	or other	

DECENTED JAN 9 1947 BUREAU V 8